

Name
in
Full

George acwood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at annapolis md	R. A. Co				
Date of death 1909	Month Sept	Day 26	Years 27 yrs	Months -	Days -
Sex Male	Color or Race Colored	Birth-place annapolis md			
Occupation Labour	Where Residing if not at place of death 38 laurel alley				
Married, Single or Widowed widow	Name of Wife or Husband Annie person				
Father's Name Moses acwood	Father's Birthplace a.a. co Md				
Mother's Maiden Name Katie Hammond	Mother's Birthplace a.a. co Md				
Name of person giving information John acwood	How related to deceased Brother				

CAUSES OF DEATH

104 X

PHYSICIAN
OR CORONER

Primary

Cerebral Hypertension

How long

3 months

Immediate

Cardiac Failure

How long

30 minutes

Are the name, age, sex, color, date and place correctly given above?

no

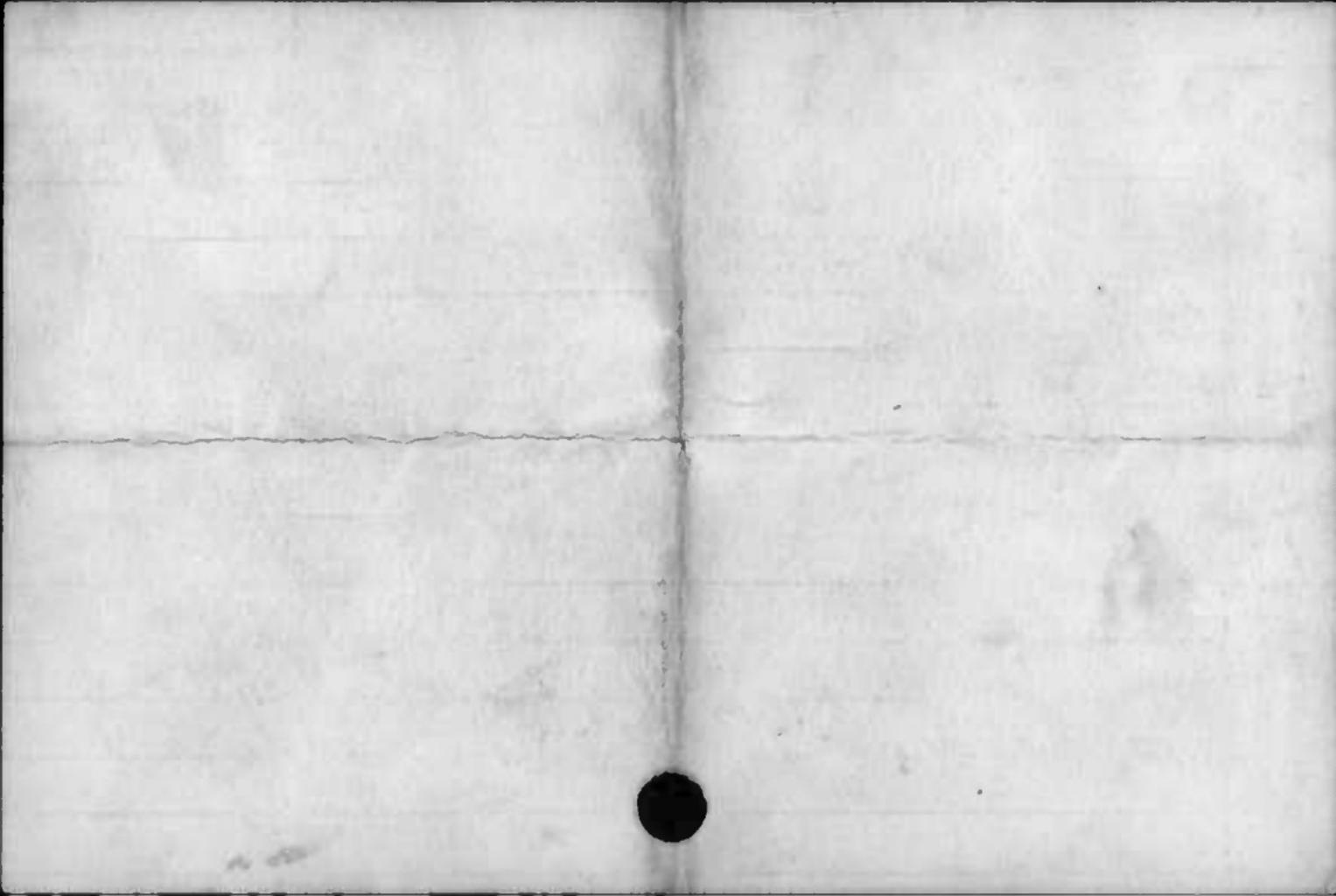
Signature of Physician

Address

P. P. Tegger
68 Cathedral St
Annapolis Md.

Accident or Suicide?

no



Name
in
Full

Wladyslaw Alexanuza

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Wagners Point	a a Co				
Date of death 1909	Month Sept.	Day 17	Years 1	Months 3	Days
Sex Male	Color or Race White	Birth-place Wagners, Pt.			
Occupation Infante	Where Residing if not at place of death Wagners Pt				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Frank Alexanuza	Father's Birthplace Poland				
Mother's Maiden Name Eva Anna	Mother's Birthplace Poland				
Name of person giving information Frank Alexanuza	How related to deceased Parent				

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

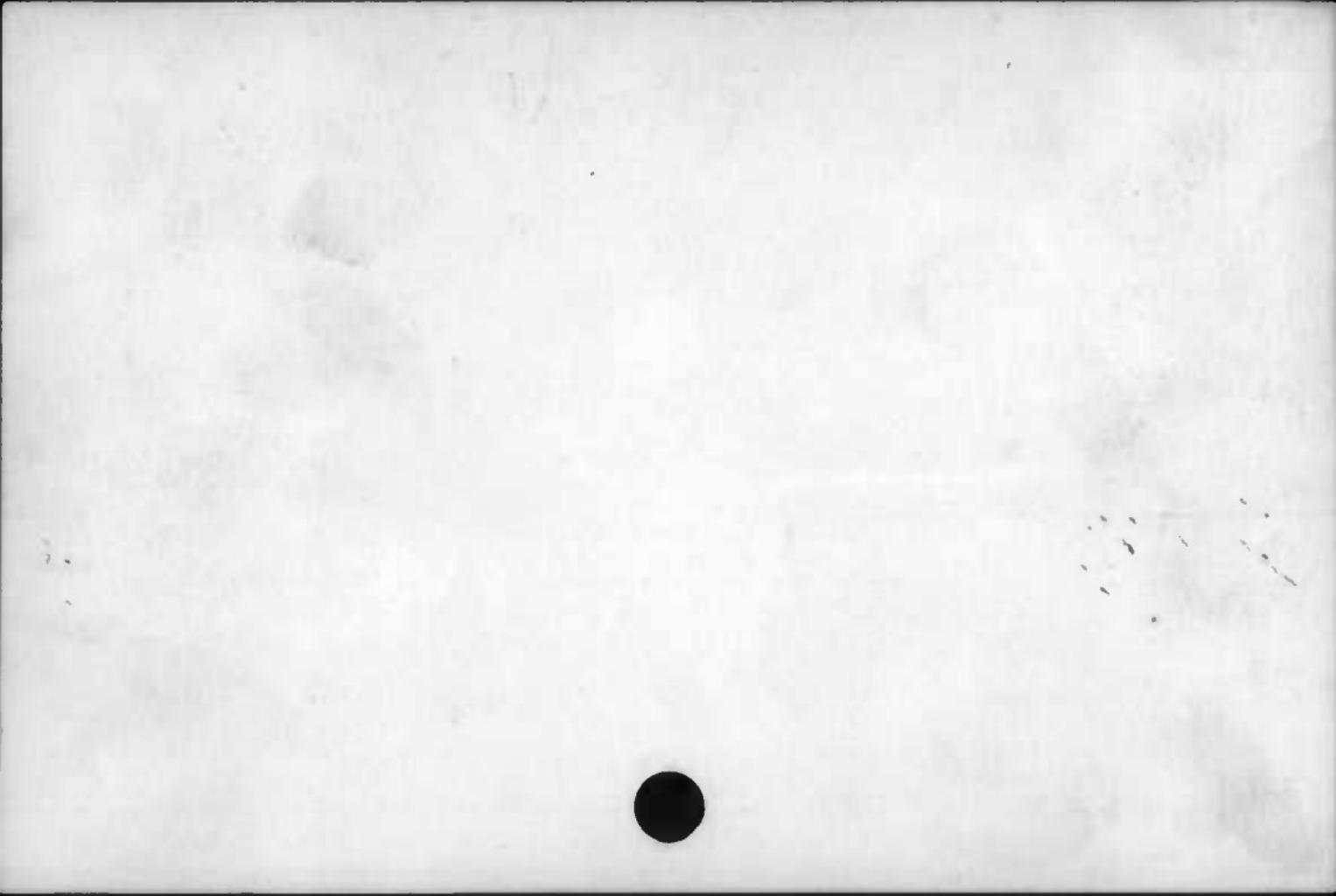
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Armacost -

Town

Died at Annapolis

County

A.A.

CERTIFICATE OF DEATH

MARYLAND

Days

Date

of death 1909 Sept: 11

Day

Month

Years

Month

Age

Sex

Male

Color or
Race

0

0

Occupation

White -

Birth-
place

Annapolis

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph Armacost

Father's
Birthplace

Ballo Co. Ind

Mother's
Maiden Name

Alice Smith

Mother's
Birthplace

Howard Co. Md

Name of person giving
Information

Jos. Armacost -

How related
to deceased

Son

CAUSES OF DEATH

Primary

Hill Bone

8

Immediate

X

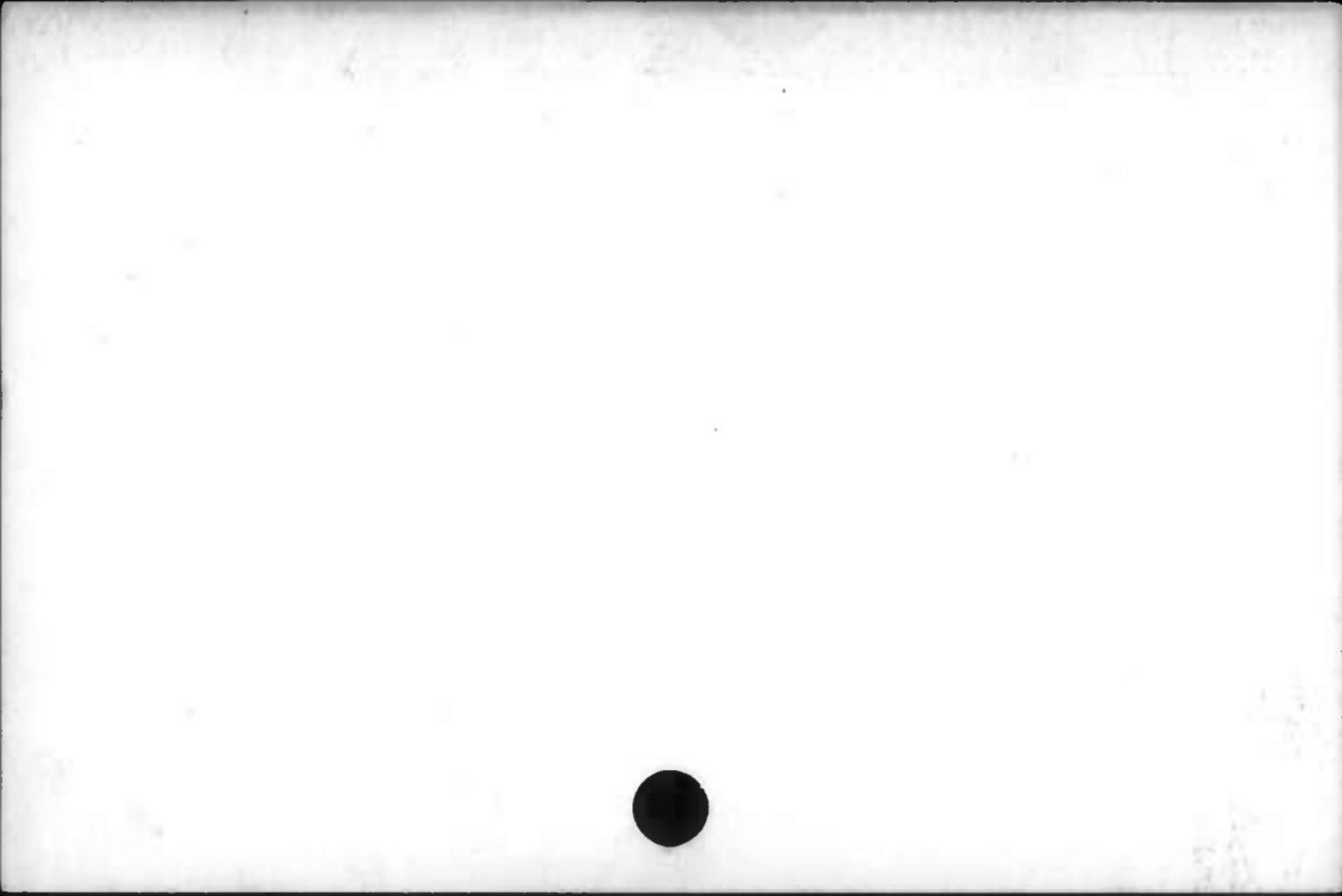
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J J Murphy
John P. O'Neil

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Lottie Barkley

County

Anne Arundel

MARYLAND

Date
of death

Month

Day

Years

1908 Sept 22nd

Age 36

Months

Days

Sex Female

Color or
Race

Blk

Birth-
place

Richmond Va

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Unknown

Father's
BirthplaceMother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

Alice Trimbles

How related
to deceased

CAUSES OF DEATH

64

How long

X

How long

2 days

Primary

Immediate

Cerebral

Atrophy

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Joe C Joyce M.D.

Address

Arnold 2nd

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John Beckinski

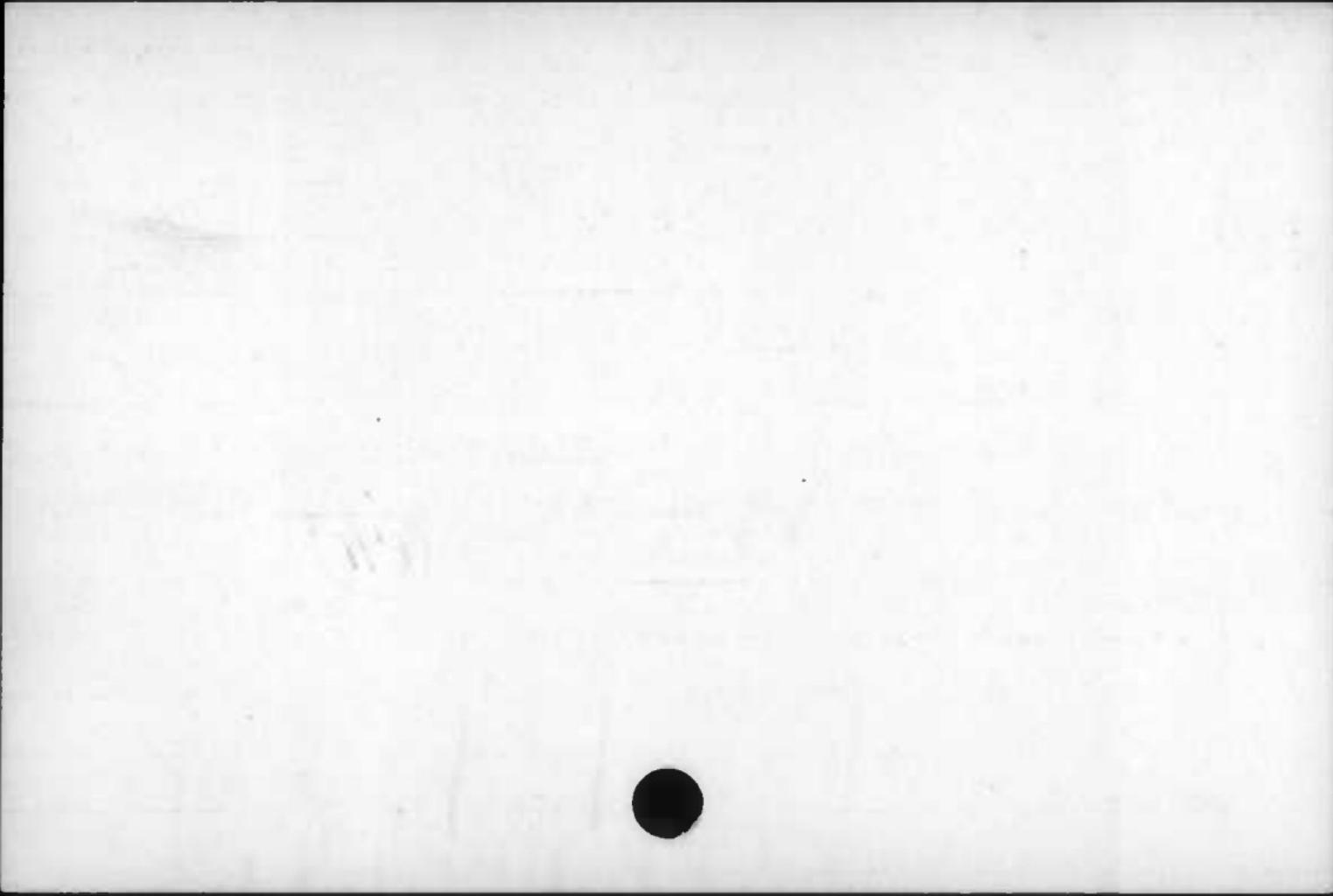
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at So. Baileys		Town	County a. a -		MARYLAND	
Date of death 1909	Month Sept	Day 2	Age —	Years —	Months —	Days 4
Sex Male	Color or Race White	Birth-place So. Baileys, Md				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Roman Beckinski	Father's Birthplace Poland					
Mother's Maiden Name Alexandria Swatinkawitz	Mother's Birthplace Poland					
Name of person giving information Roman Beckinski	How related to deceased Father					
CAUSES OF DEATH						
Primary Infantile Convulsions	71 hours					
Immediate	How long					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address
		Jno. B. Norton M.D.	
Accident or Suicide?		So. Baileys, Md.	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

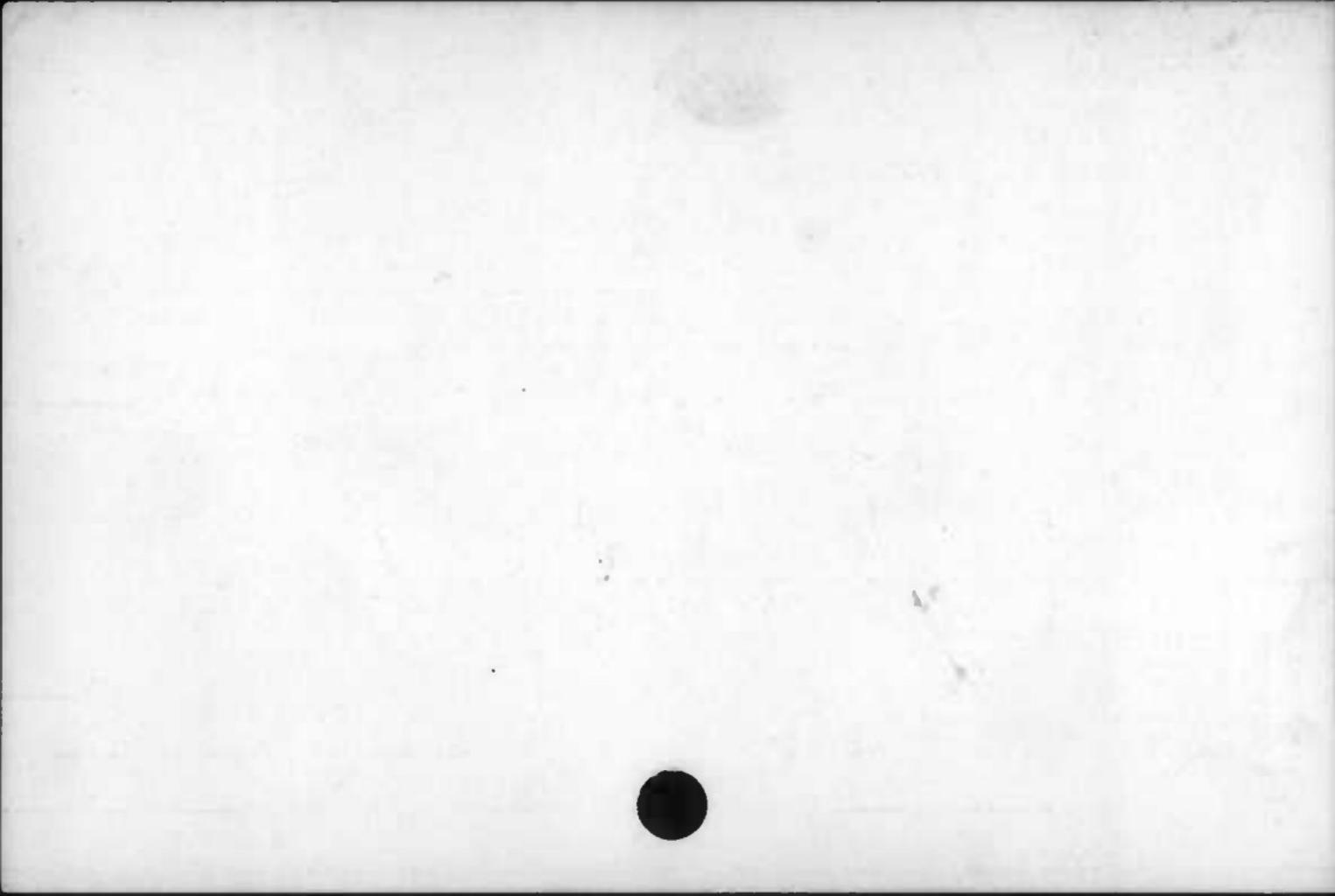
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month Day	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Ernest Rees
Jenner Ann Audubon
1909 Sept. 18th 21
Male black MD
Seborr
At place of death
Single
Reed Nathan Rees
Unknown
W.E. Collins
data
1
How long
3 weeks
How long
Primary
By shot gun
How long
Immediate
Alcoholism reported
Signature of Physician
Address
Are the name, age, sex, color, date and place correctly given above?
Yes
Accident or Suicide?
No -

PHYSICIAN
OR CORONER



Name
in
Full

Mildred Blackston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Annapolis Md a . a . ed MARYLAND
Date of death 1909 Sept 17 Year Months Days
Age — — — —

Sex Female Color or Race Colored Birth-place Annapolis Md

Occupation

Where Residing if not
at place of death

Mourning at

Married, Single
or Widowed single Name of Wife or
Husband

Father's Name John Blackston

Father's Birthplace Annapolis

Mother's Maiden Name Hannie Parker

Mother's Birthplace Annapolis

Name of person giving
Information Hannie Parker

How related
to deceased
mother

CAUSES OF DEATH

151

How long

17 days

Primary

Congenital debility

Immediate

& pneumonia

How long

30 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

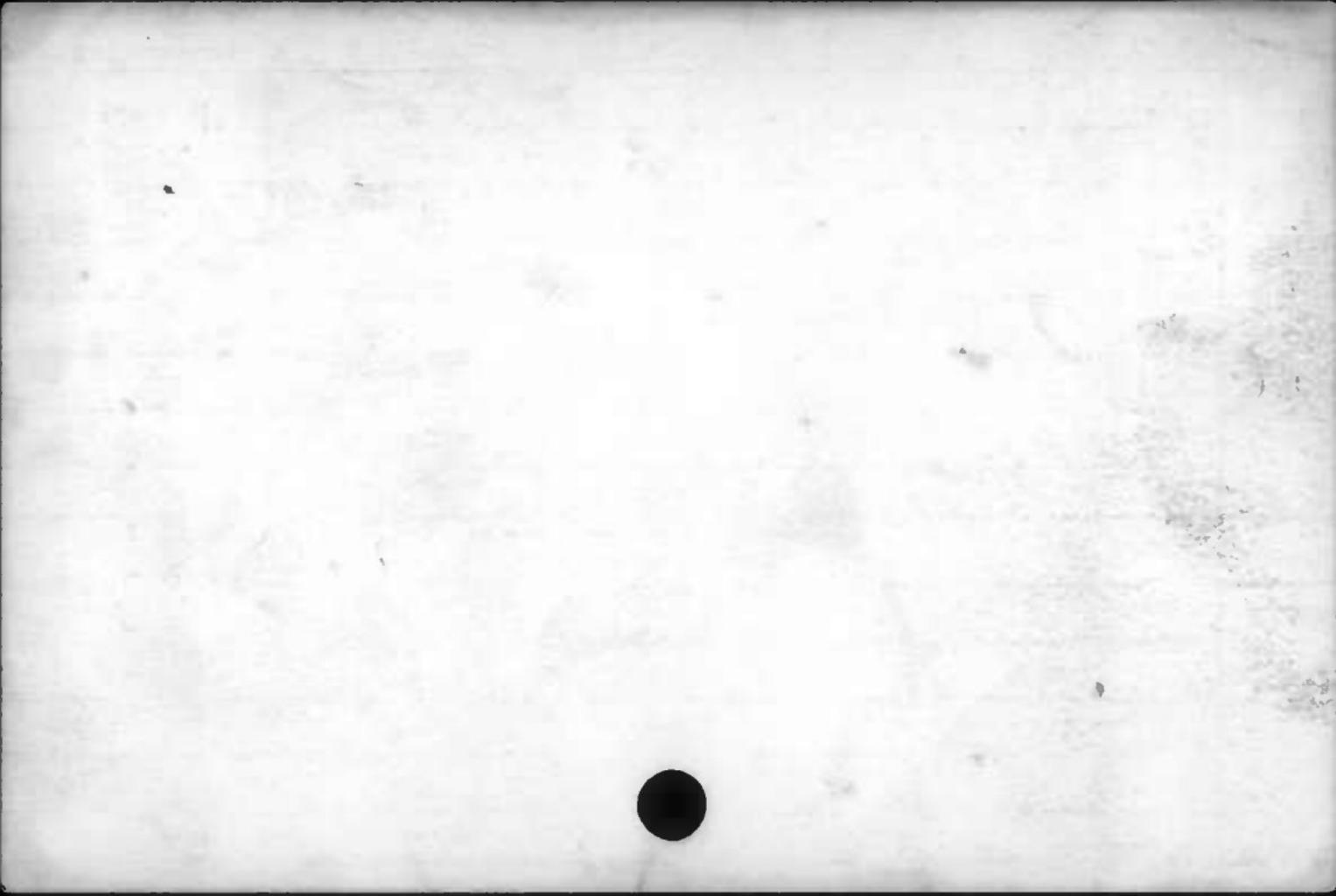
Address

P. Keeley
600 N. Charles St.
Annapolis

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Benjamin Boston

Town

County

Died at South River

MARYLAND

Date of death 1909	Month Sept	Day 20 th	Years 17	Months 3	Days
--------------------	------------	----------------------	----------	----------	------

Sex Male

Color or Race

Colored

Birth-place

Anne Arundel Co.

Occupation Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed Single

Name of Wife or Husband

Father's Name

Unknown

Father's Birthplace

Maryland

Mother's Maiden Name

Sarah Boston

Mother's Birthplace

Maryland

Name of person giving
Information

William Boston

How related
to deceased

Uncle

CAUSES OF DEATH

27

Primary

Pulmonary Phthisis

How long

12 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Collinson

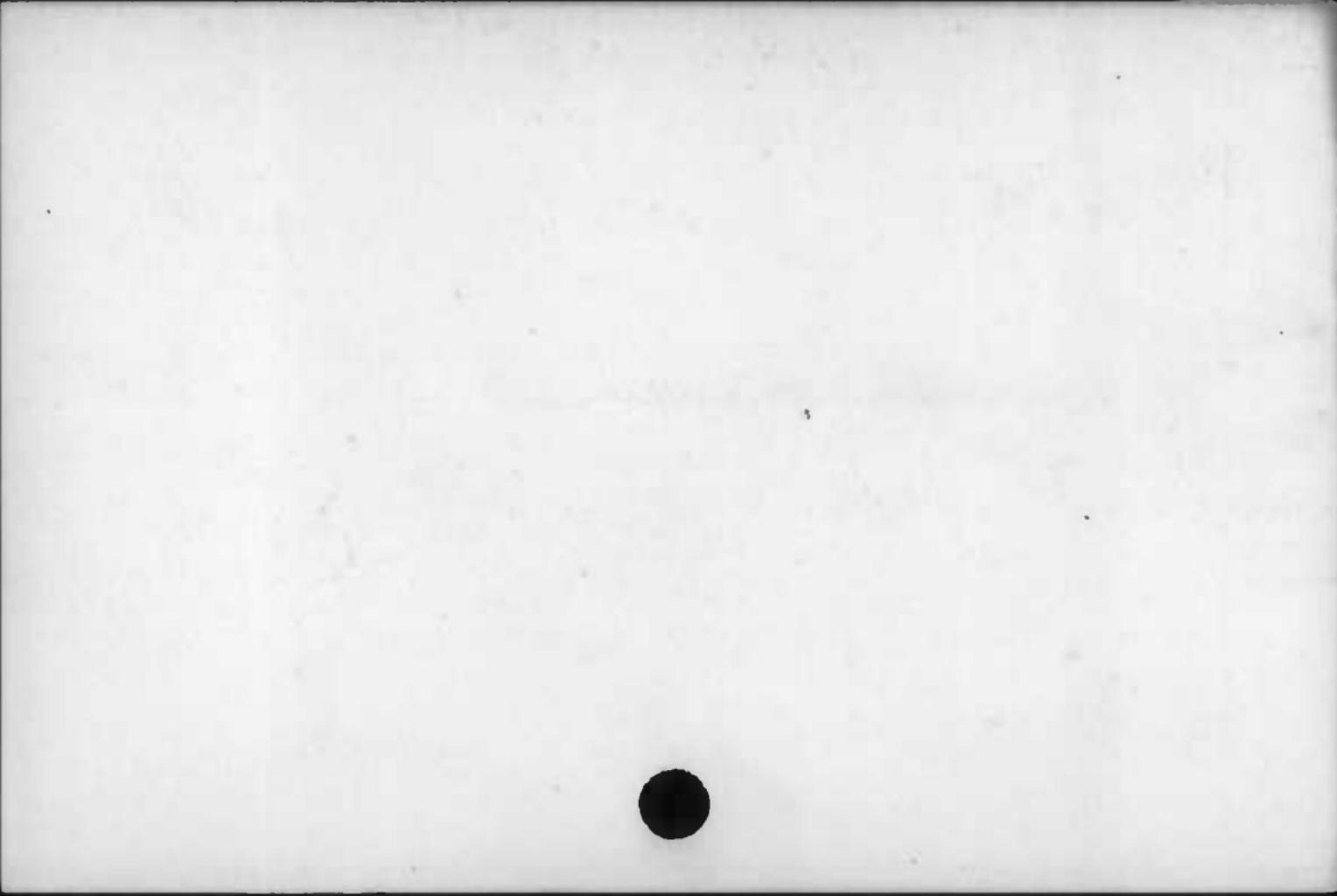
Address

South River

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

John Henry Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

DEPT

Town County
Died at Admirel Armo Arundel
Date Month Day
of death 1909 9 19 Age 45
Years Months Days

Sex male Color or
Occupation Labour Race

colored

Birth-
place Bowie P. B. & W.
Co.

Where Residing if not
at place of death

Coalsville Howard Co.

Married, Single
or Widowed Single Name of Wife or
Husband

Father's
Name Jonathan Bowie

Father's
Birthplace Not Known

Mother's
Maiden Name Munity Henson

Mother's
Birthplace Not Known

Name of person giving
Information Nancy Allen

How related
to deceased Sister

Struck by trolley of W. B. & L. Electrically

CAUSES OF DEATH

166

How long

Y

How long

3 minutes

Immediate About 3 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

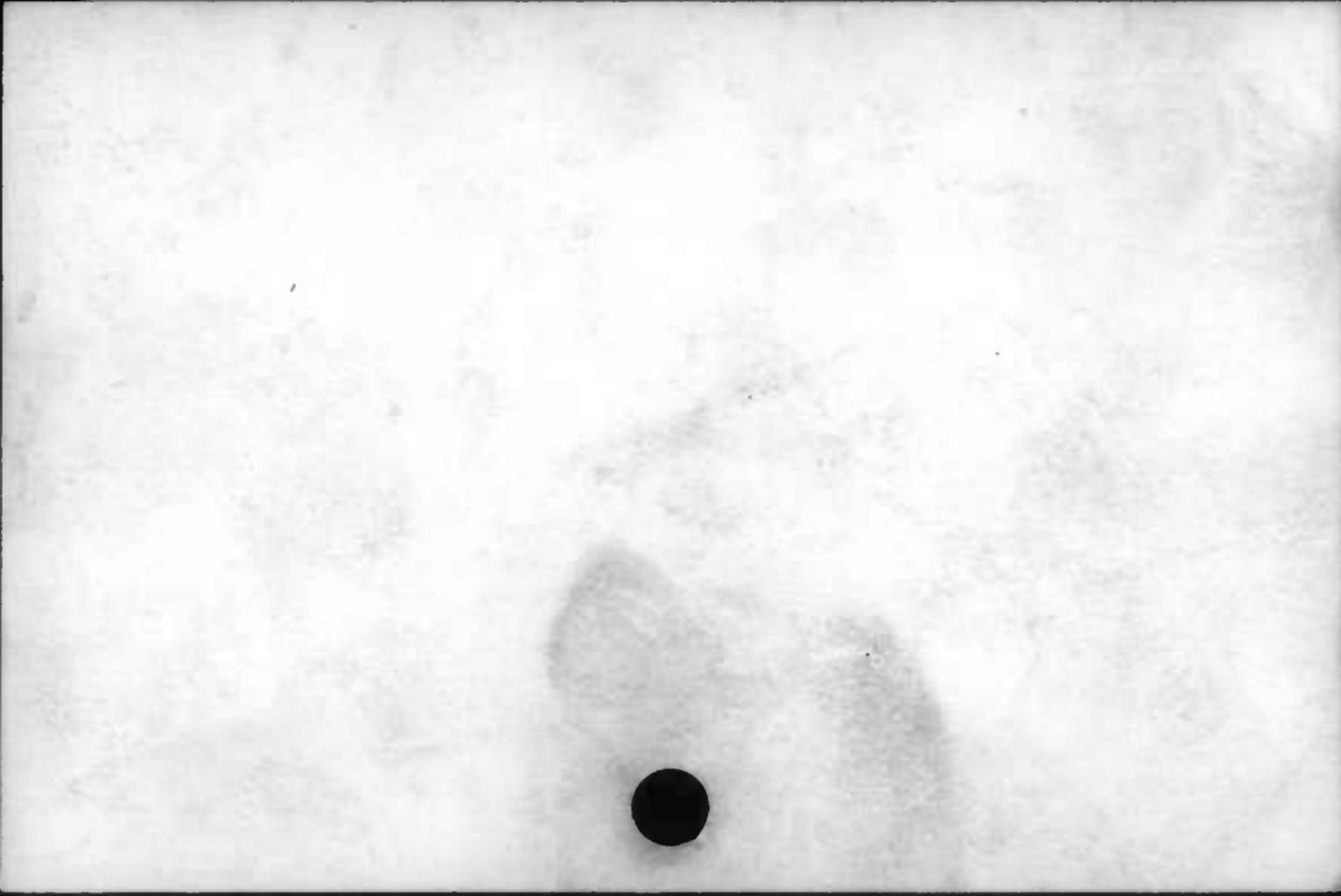
Lester L. Disney J.P.

Odenton A.A.C.

Accident or Suicide

Accident R.R.

Md.



Name
in
Full

Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis

Date of death 1909 Month Sept Day 3.

Sex Male

Color or Race

A- A- County

MARYLAND

Occupation unknown

Age — Years

Months 2. Days —

Color

Birth-place

Annapolis

Where Residing if not
at place of death

142. South St.

Married, Single
or Widowed

Single

Name of Wife or
Husband

unknown.

Father's Name

William Brown

Father's Birthplace

Annapolis Md

Mother's Maiden Name

Grace Gassaway

Mother's Birthplace

South River Md

Name of person giving
Information

William Brown

How related
to deceased

Father

CAUSES OF DEATH

151

How long

How long

Primary

Marasmus

Since Birth

Immediate

Exhaustion

Gradual

Are the name, age, sex, color, date
and place correctly given above?

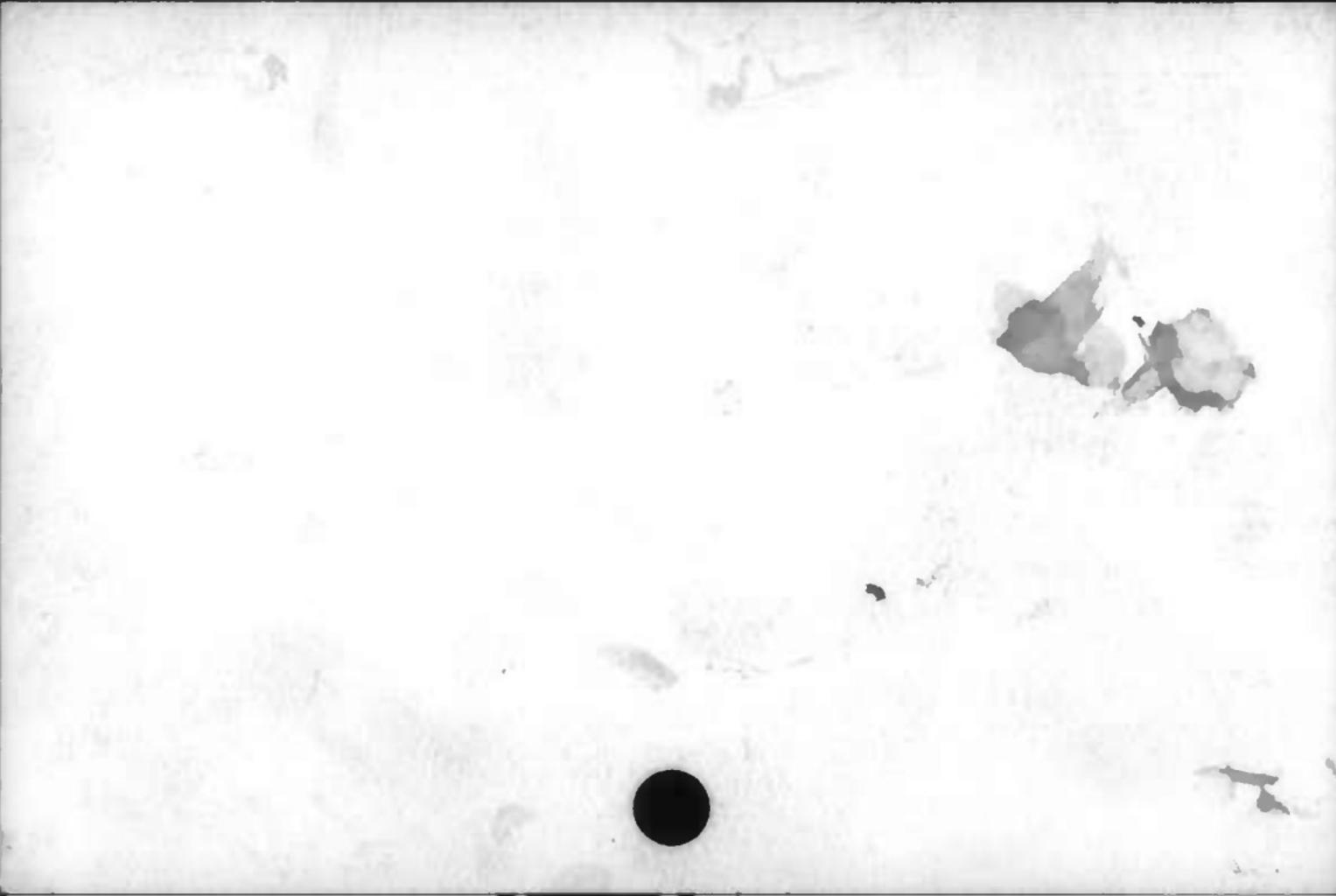
Signature of
Physician

Address

Yes

John Ridout M.D.
Annapolis Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William H. Brown

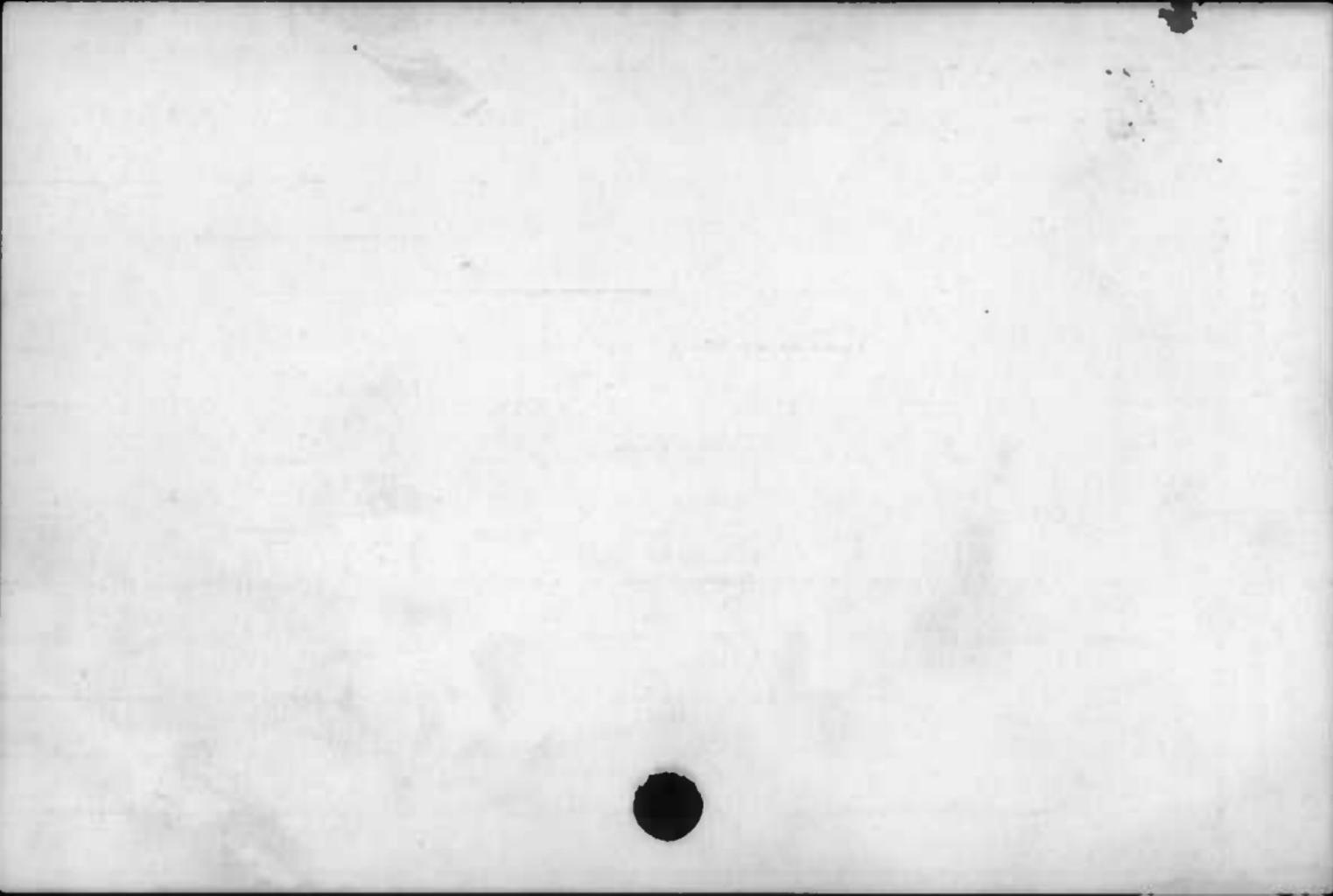
CERTIFICATE OF DEATH

Died at		Town	County			
Annapolis		Anne Arundel	MARYLAND			
Date of death	1909	Month Sept	Day 27	Years	Age	45
Sex	Male	Color or Race	Colonial	Birth-place	Maryland	
Occupation	Cook	Where Residing is not at place of death		33 West St.		
Married, Single or Widowed	Single	Name of Wife or Husband	Lila Robinson			
Father's Name	Jay W. Brown	Father's Birthplace		Md.		
Mother's Maiden Name	Rebecca Holland	Mother's Birthplace		Md.		
Name of person giving Information	Jay W. Brown	How related to deceased		father		

CAUSES OF DEATH

104

Primary	Acute Gastritis Indigestion		Hours
Immediate	Cardiac Failure		One-half hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	V. P. Geiger
		Address	60 Cathedral St. Annapolis Md.
Accident or Suicide?	W.W.		



Name
in
Full

Orleana Bugdonovitch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

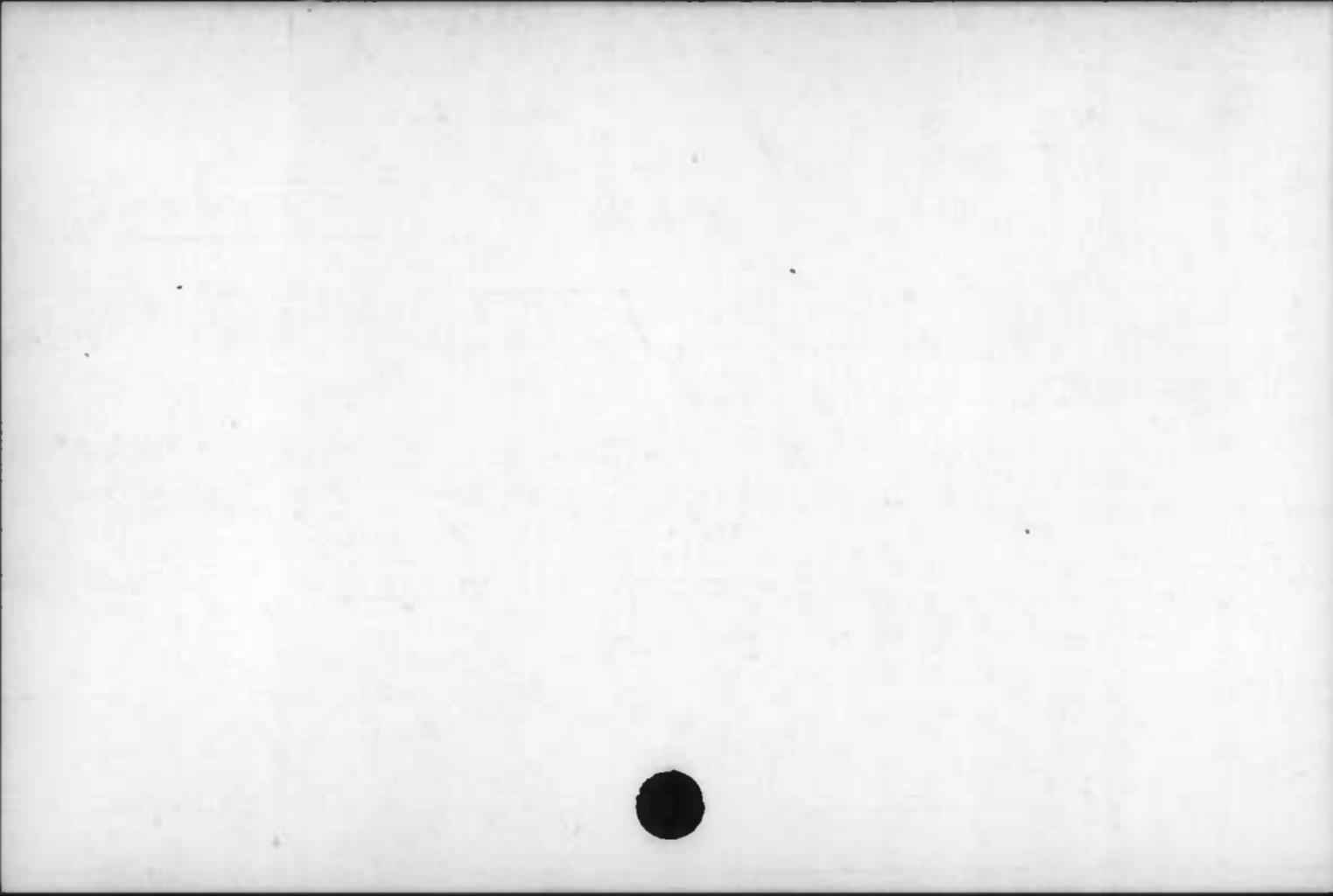
Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1909	Sept	11	3
Age	—	Days	—
Sex	Female	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Bugdonovitch		
Mother's Maiden Name	Josefa Zalinsky		
Name of person giving information	John Bugdonovitch		
CAUSES OF DEATH			
Primary	Enter - Colitis		
Immediate	105		
Are the name, age, sex, color, date and place correctly given above?	How long		
yes	2 weeks		
Address			

21

PHYSICIAN
OR CORONER

Signature of Physician
T. B. Horton M.D.
Address
So. Battys. Md.

Accident or Suicide?



Name
in
Full

Lavenia Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Parole Town Adt 60 County
1909 Month Sept Day 3rd Years
Sex Female Color or Race bol Months
Occupation Child Birth-place Annapolis
Where Reclining if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Richard Calvert

Father's
Birthplace

Mother's
Maiden Name

Mary Calvert

Mother's
Birthplace

Name of person giving
Information

Grand Mother

How related
to deceased

Primary

Nephritis

CAUSES OF DEATH

119

Immediate

Mental exhaustion

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

John Ridout
Annapolis
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

2 - 7-30 -

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1909	Month Sept	Day 22	Age 86	Years	Months
Sex	Male	Color or Race	Colored		Birth-place	Annapolis Md.
Occupation	Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband				
Father's Name	Not known			Father's Birthplace Not known		
Mother's Maiden Name	" "			Mother's Birthplace " "		
Name of person giving Information	John Cook			How related to deceased Son		

Broad Neck, Cent.

CAUSES OF DEATH

Primary

Craniac Nervosa

120

How long

Immediate

Chorea

3 years

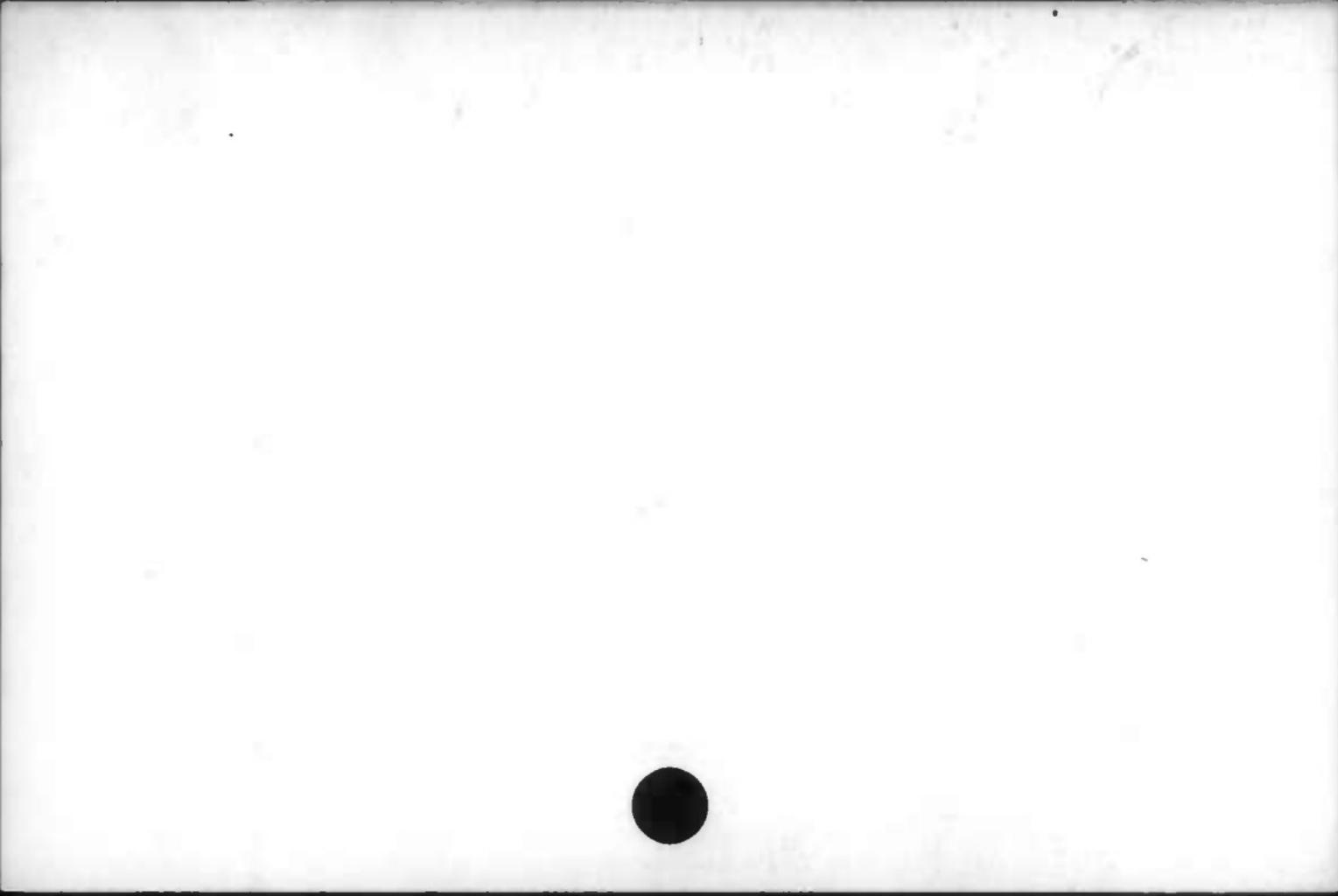
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Riddell
Annapolis Md.
R. S. B. No. 1

Accident or Suicide



Name
in
Full

Richard A. Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

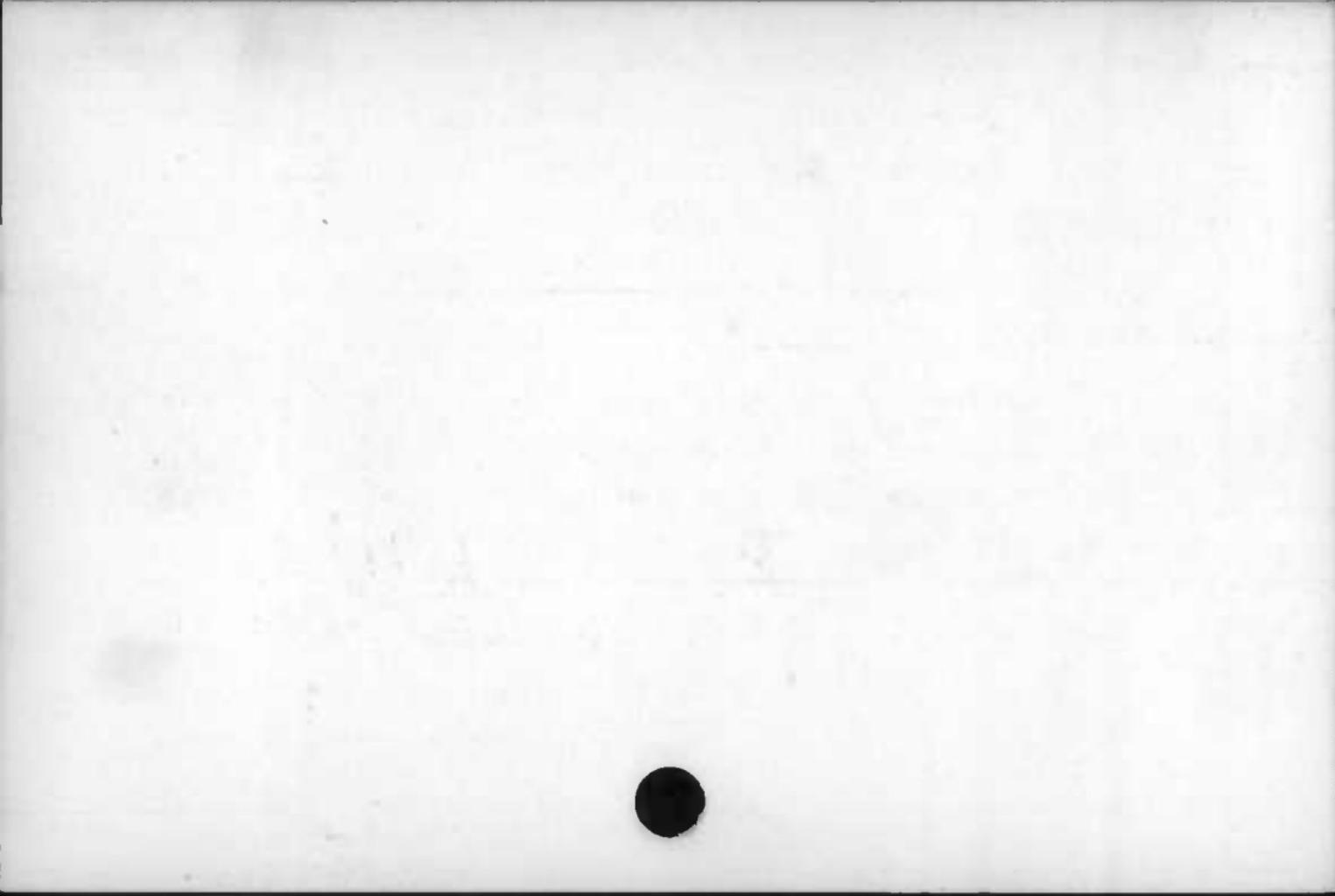
Died at	Town	County	MARYLAND
Solley	a. a.		
Date of death	Month	Day	Years Months Days
1909	Sept	2	6
Sex	Color or Race	Birth-place	
Male	Black	A.T.G., Md	
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Hazel Hackett	Father's Birthplace	Va
Mother's Maiden Name	Bertha Cook	Mother's Birthplace	A.T.G., Md
Name of person giving information	Bertha Hall	How related to deceased	Mother

16

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	79	One month
Immediate	Heart Failure	at once	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jno. B. Horton M.D.
		Address	Do. Bailey 2nd
Accident or Suicide?			



Name
in
Full

Edward Deal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Annapolis	a-a-		
Date of death	Month	Day	Month
1909. Sept.	Sept.	30.	Sept.
Age	Years	Days	-
Sex	Color or Race	Birth-place	
Male	Colored	Annapolis	
Occupation	Where Residing if not at place of death	29 Monument Street	
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Edward Deal	Father's Birthplace	Annapolis
Mother's Maiden Name	Mathis Anderson	Mother's Birthplace	Annapolis
Name of person giving Information	Mathis Anderson	How related to deceased	Mother

CAUSES OF DEATH

Primary

Narcissus
Exhaustion

179

Dr. Ridout

Immediate

Are the name, age, sex, color, date and place correctly given above?

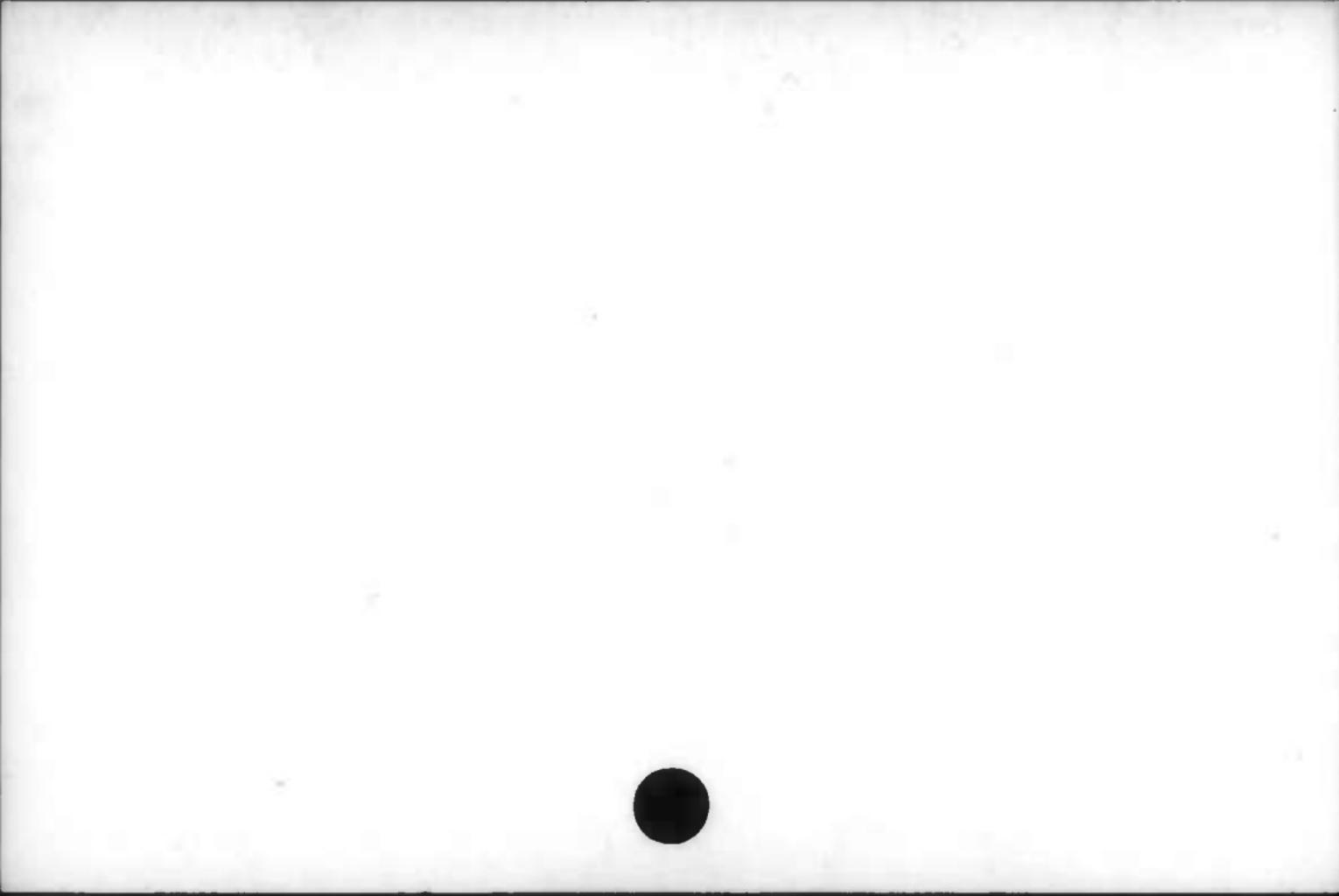
yes

Signature of Physician

Address

John Ridout
Annapolis Md

Accident or Suicide



Name
in
Full

Stillborn Baby of Samuel Dore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Town	County	MARYLAND
Died at Hamwood	A P Co	Month Days
Date of death 1909 Sept 28	Age	
Sex Female	Color or Race	Birth-place A P Co Md
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Saymuel Dore	Father's Birthplace A P Co Md
Mother's Maiden Name	Cora Walker	Mother's Birthplace Calvert Co Md
Name of person giving Information	Samuel Dore	How related to deceased Father

CAUSES OF DEATH

Primary

Cremia of mother

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

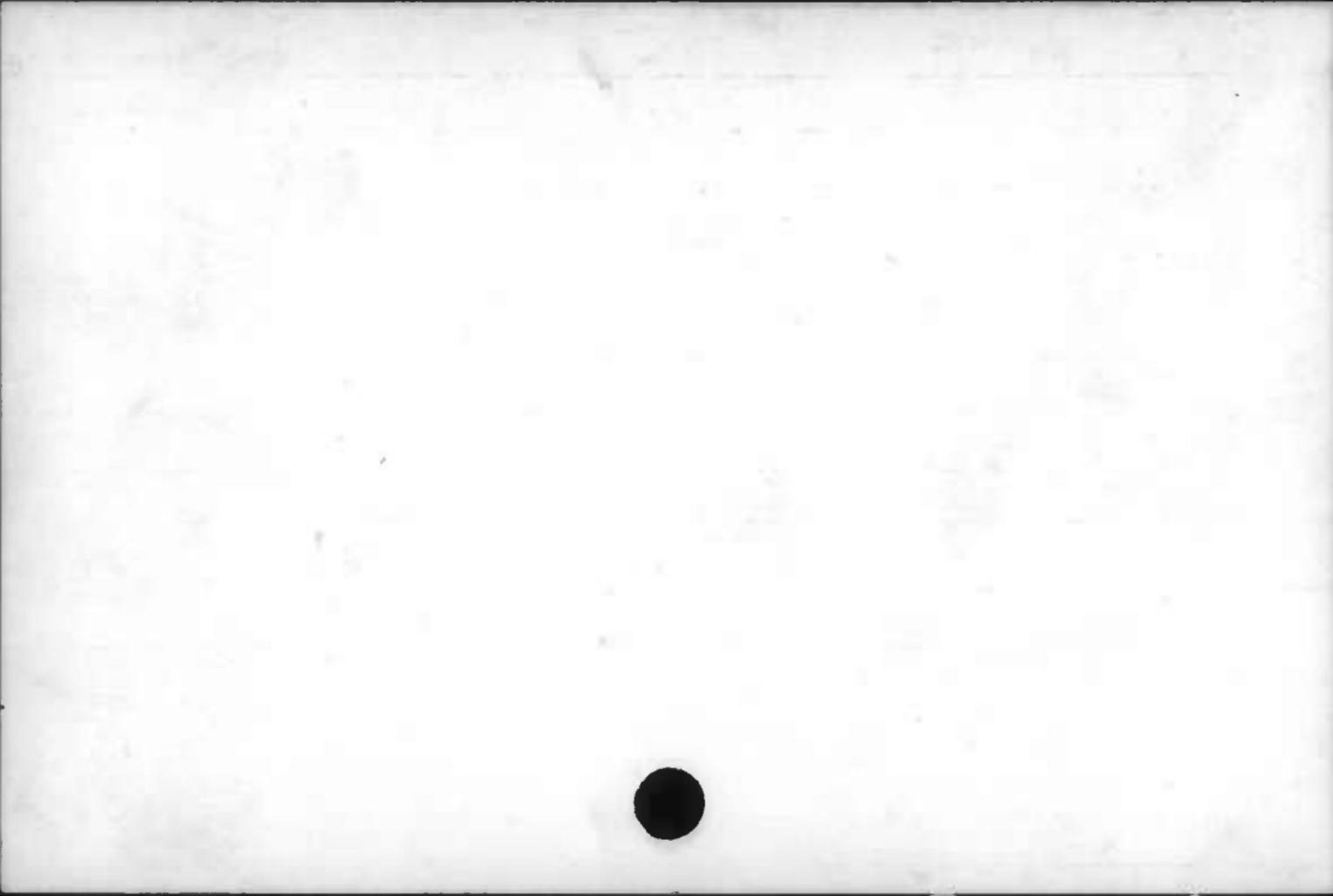
How long

X

8

How long

Masleen Woodward
West River
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Dorsey or Tommey, Slify, and Died on Farm of Mrs. Holmes				County Anne Arundel	MARYLAND
Date of death	Month	Day	Age (about)	Years	Months
1909	Sep	7	50	—	—
Sex	Male	Color or Race	Negro	Birthplace	Baltimore (Supine)
Occupation	Where Residing if not at place of death Laborer Permanent home Baltimore (Supine) Ball City (Md)				
Married, Single or Widowed	Single	Name of Wife or Husband	~		
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	G. G. Franklin				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

69

How long

Unknown for years

Immediate

Epileptic fit

How long

Found dead,

Are the name, age, sex, color, date and place correctly given above?

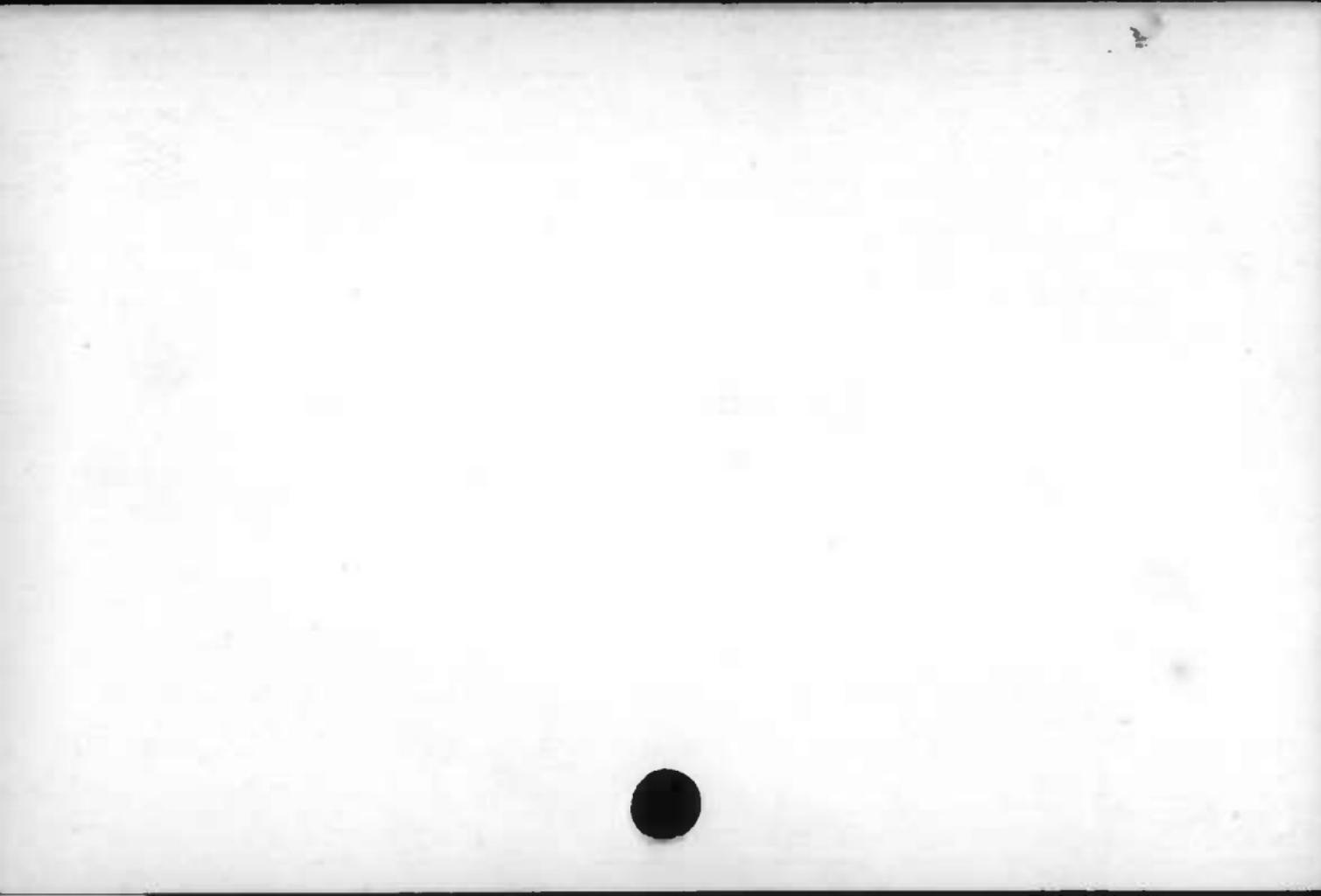
yes

Signature of Physician

Address

H. H. Mullard, Esq.
Justice of the Peace
Elevation R. F. D. No. 1, a/c to

Accident or Suicide Natural Cause



Name
in
Full

Albert Ede.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Arnoldo** Town **P. O.** County **A. A. Co. Md** MARYLAND
Date of death **1909** Month **Sept** Day **15** Years Months Days
Sex **Male** Color or Race **Colored** Birth-place **A. A. Co.**
Occupation **None** Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name **John Ede** Father's Birthplace **A. A. Co.**
Mother's Maiden Name **Emmey Eay** Mother's Birthplace **A. A. Co.**
Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis
Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

92

How long

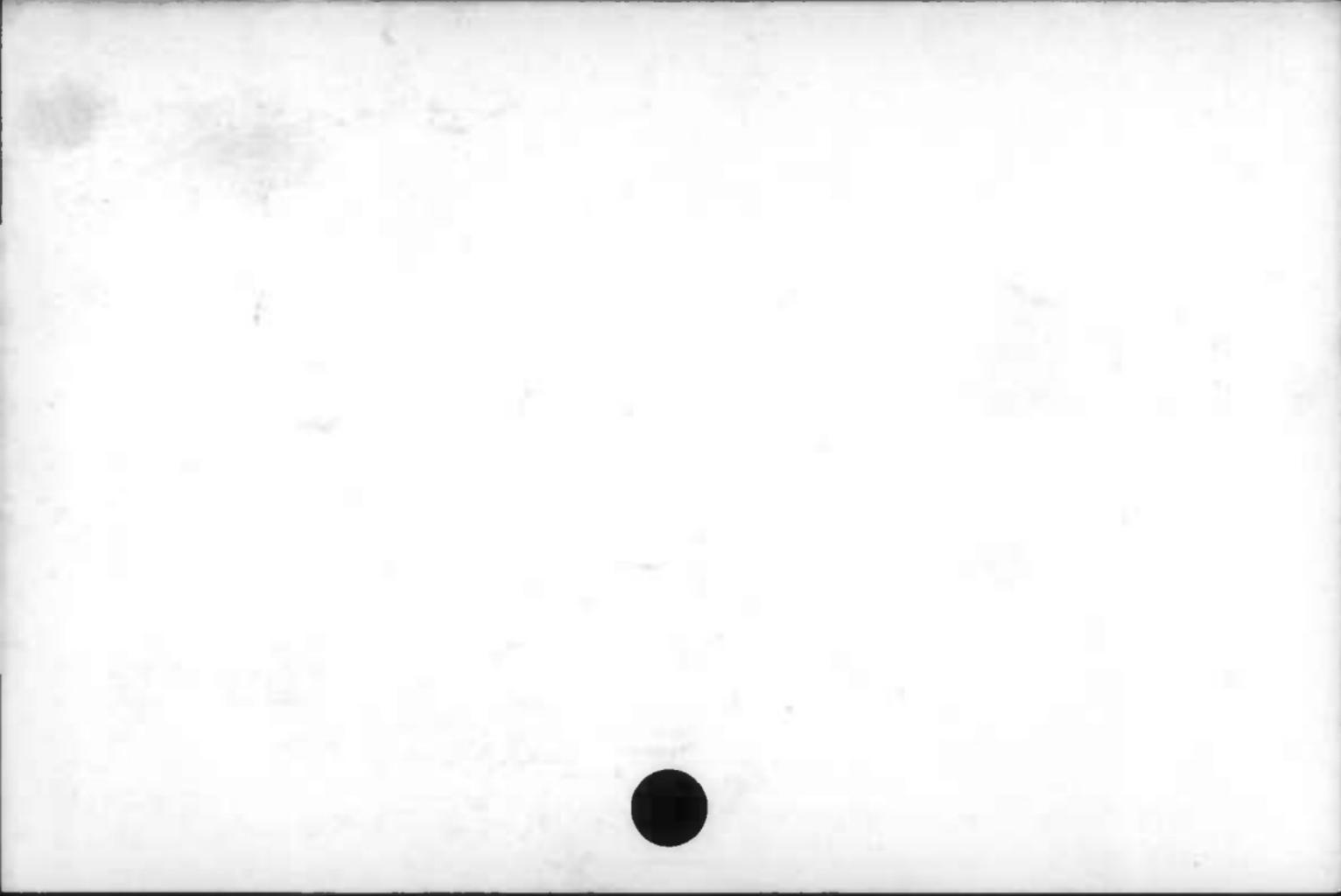
How long

15 days.

1 1/2 days.

*Jos. C. Joyce M.D.
Arnoldo, Md.*

Accident or Suicide



Name
in
Full

Hellen Evans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

County

MARYLAND

Date of death

1909 Sept. 5.

Month

Day

Years

Age

-

Months

Sex

Female

Color or
Race

Colord

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

124 Calvert St.

Married, Single
or Widowed

single

Name of Wife or
Husband

-

Father's
Name

Thomas Evans

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Agnes Kirby

Mother's
Birthplace

West River

Name of person giving
Information

Thomas Evans

How related
to deceased

Father

Brown Hill

CAUSES OF DEATH

Primary

Marasmus
exhaustion

151

Immediate

How long

Since birth
gradual

Are the name, age, sex, color, date
and place correctly given above?

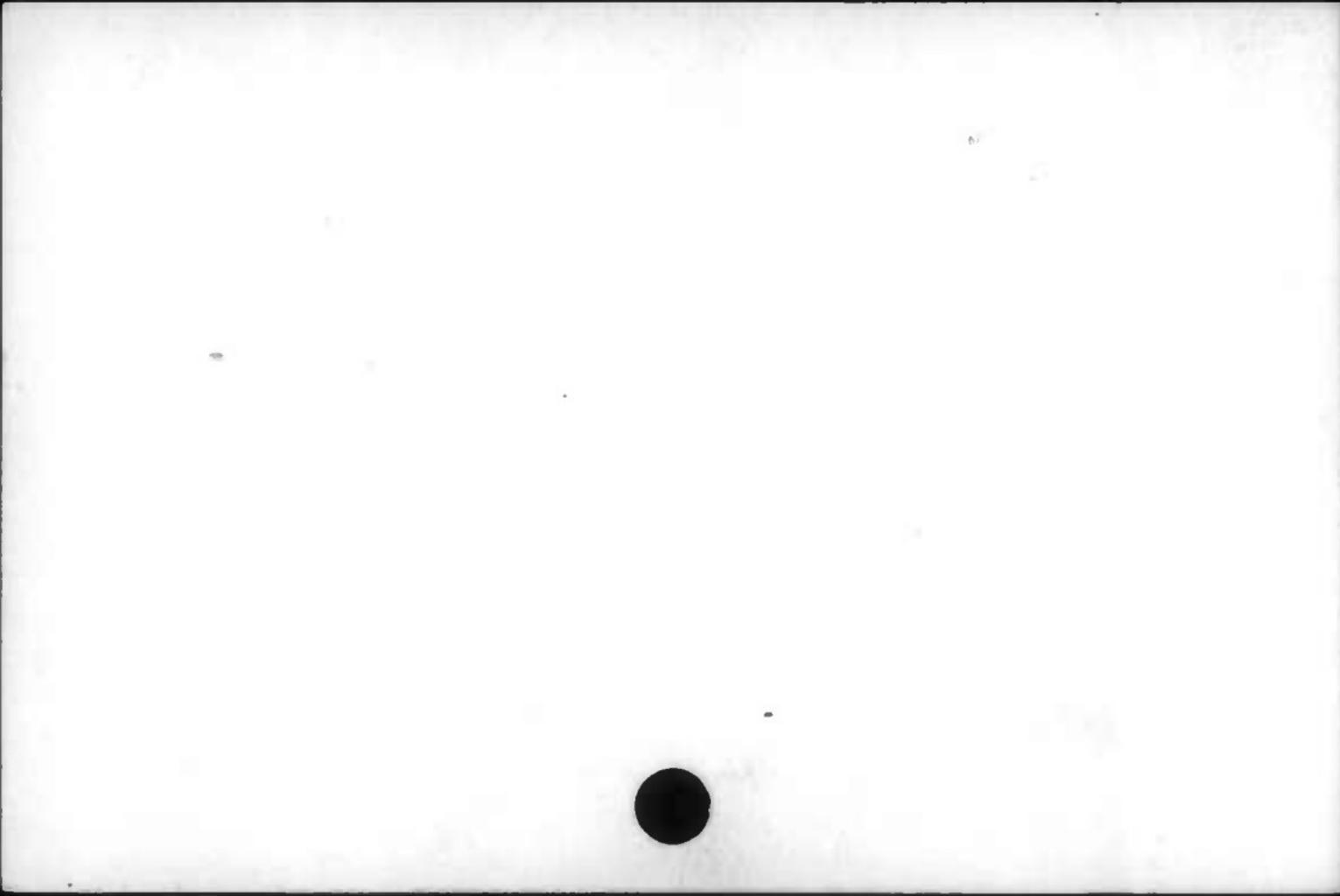
Signature of
Physician

Address

yes

John Ridout
Annapolis
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

August Pratt Flood

Town

County

Died at Annapolis

A. ct.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month Sept Day 20

Years

Months

Days

Age —

19

Sex Male

Color or Race

White

Birth-place

Occupation

Where Residing if not
at place of death

Annapolis

Married, Single
or Widowed

Single

Name of Wife or Husband

None

Father's Name

William J. Flood

Father's Birthplace

New York

Mother's Maiden Name

Nattie E. Pratt

Mother's Birthplace

West Virginia

Name of person giving Information

Nattie E. Pratt Flood

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute Enteritis

105

How long

weak.

How long

Immediate

Cardiac asthma

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Walter H. Hopkins MD,
Annapolis Md

Accident or Suicide



Name
in
Full

Josephine Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Anne Arundel				
Date of death	Month	Day	Years	Months	Days
1909	Sep.	7	19	4	—
Sex	Female	Color or Race	Colonial	Birth-place	Anne Arundel Co.
Occupation	Cook				
Married, Single or Widowed	Single				
Father's Name	Joseph Franklin				
Mother's Maiden Name	Susan Franklin				
Name of person giving Information	Charles Brown				

Where Residing if not
et place of death

Father's Birthplace N.Y. Co.

Mother's Birthplace N.Y. Co.

How related to deceased
Brother-in-lad

CAUSES OF DEATH

27

How long

X 9

How long

1 week

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

General weakness

Are the name, age, sex, color, date
and place correctly given above?

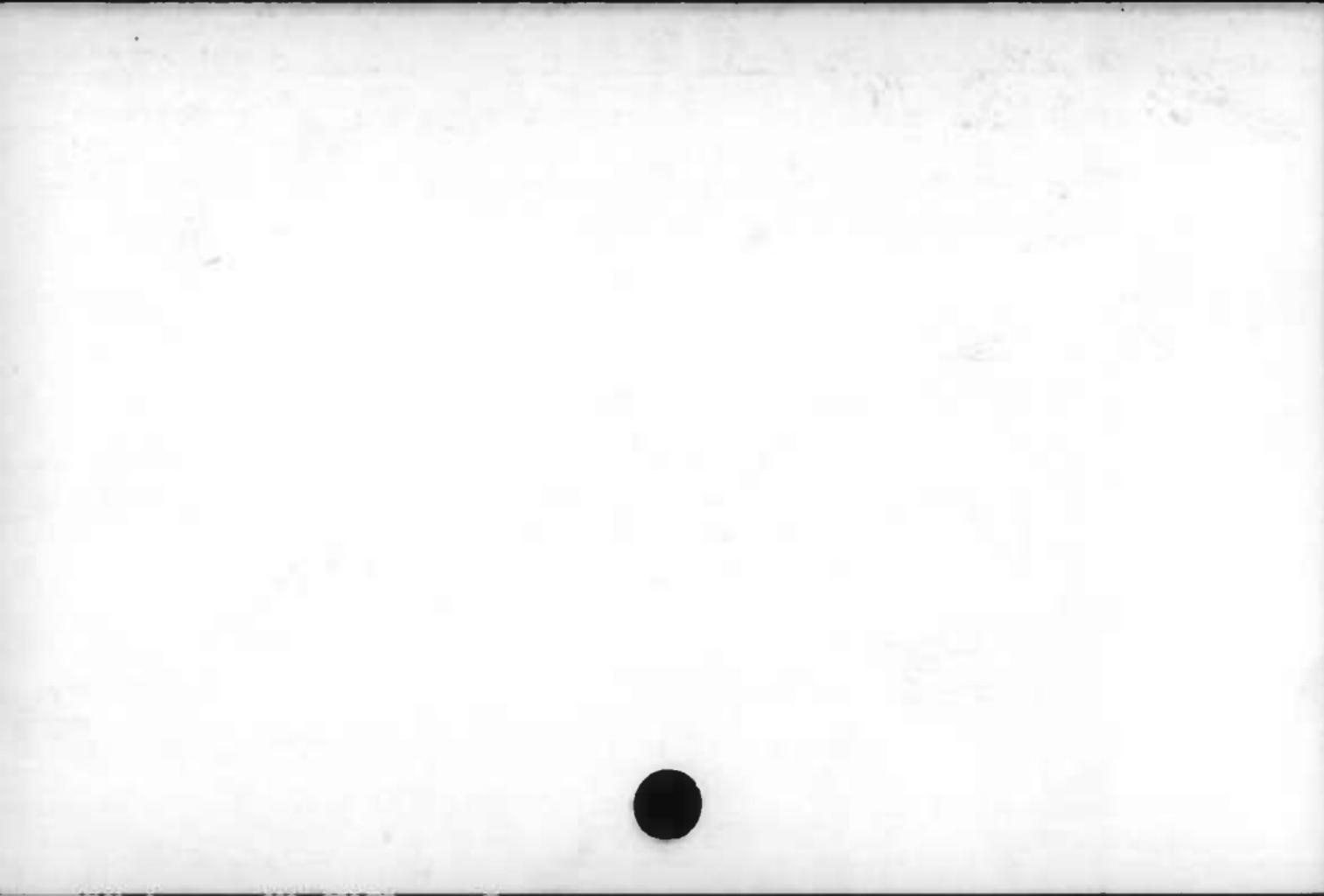
Yes.

Signature of
Physician

Address

Spring S. Chaney M.D.
Bristol Maryland

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hantone Gimbitsky

Died at So. Baltz - Town S. C.

Date of death 1909 Month Sept Day 8 Age 1 Years 1 Months 8 Days -

Sex Male Color or Race white Birth-place So. Baltz, Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James Gimbitsky Father's Birthplace Russia

Mother's Maiden Name Tenia Gadusky Mother's Birthplace Russia

Name of person giving Information James Gimbitsky How related to deceased Father

CAUSES OF DEATH

179

Primary Marasmus

How long 2 months

Immediate Heart Failure

How long Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

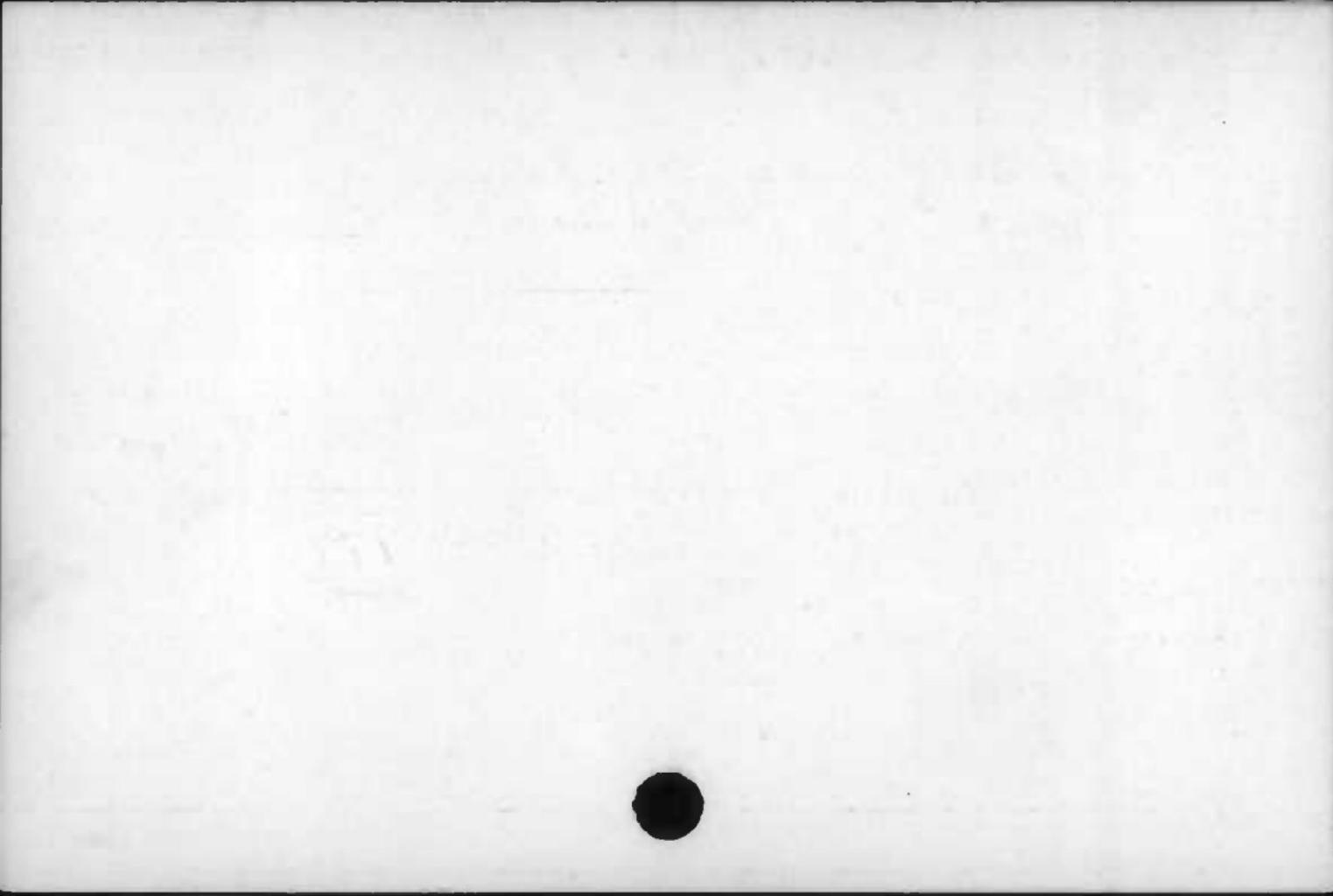
Address

H. B. Norton M.D.
So. Baltz, Md.

Accident or Suicide?

19

PHYSICIAN
OR CORONER



Name
in
Full

Hester Hale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County
Died at Birdsville	A. A.
Date of death 1909 Sept, 20	Month Day Year
Sax Female	Color or Race Black
Occupation Servant	Where Residing if not at place of death Birdsville
Married, Single or Widowed	Name of Wife or Husband
Father's Name Unknown	Father's Birthplace Unknown
Mother's Melden Name Unknown	Mother's Birthplace Unknown
Nema of person giving Information	How related to deceased Son-in-Law

CAUSES OF DEATH

154

How long

How long

Primary

Old Age

Immediate

Are the name, age, sex, color, date and place correctly given above?

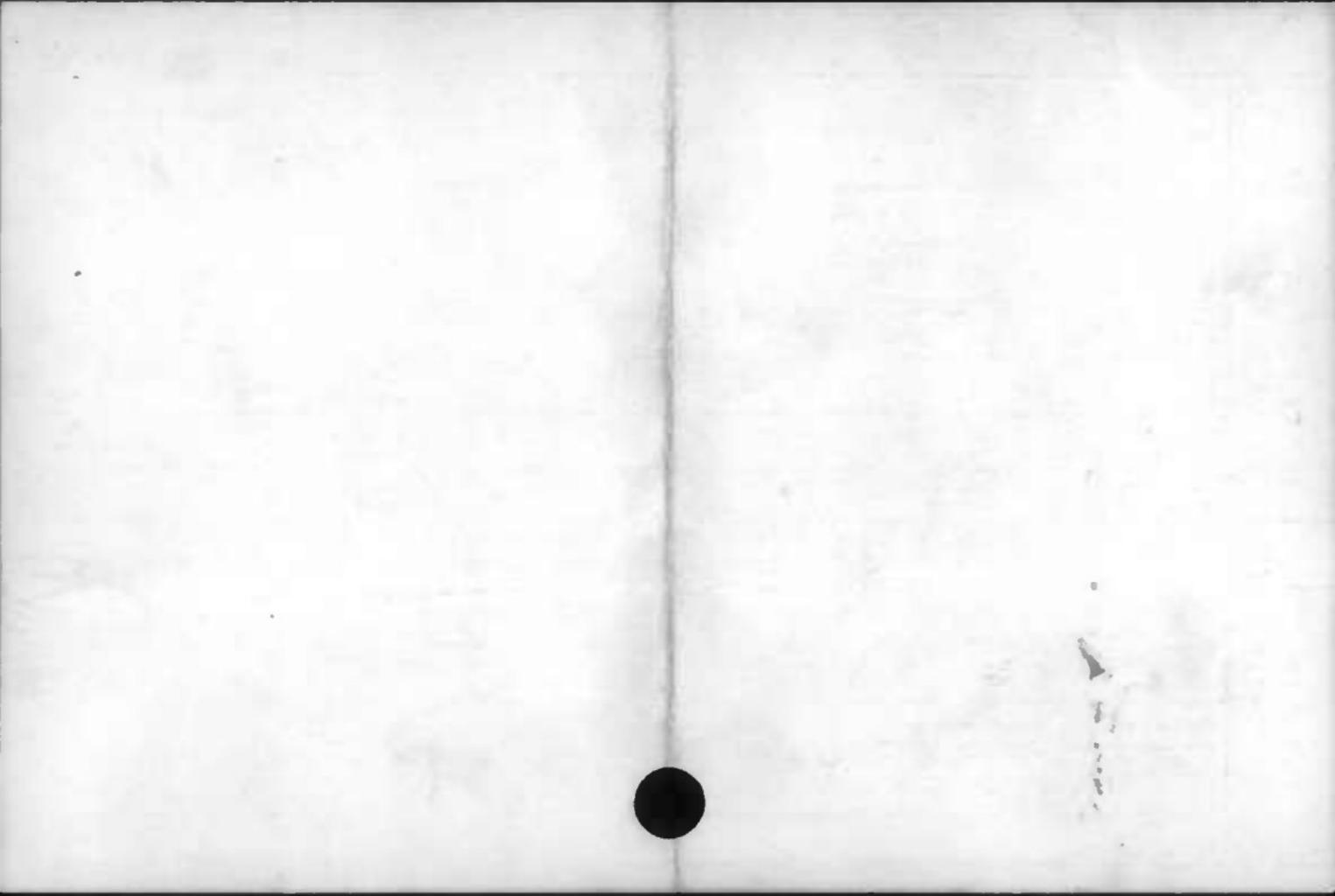
Yes

Signature of Physician

Address

The best that can be
Accident or Suicide
Sister

1318 Davidson,
Dairbowood
Md



Name
in
Full

William E Herold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

County

Anne Arundel

MARYLAND

Date
of death

1909

Month

Sept.

Day

12

Years

25

Months

6

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Bricklayer

Annapolis, Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

George Herold

Father's
Birthplace

Mother's
Maiden Name

Caroline Kline

Mother's
Birthplace

Name of person giving
Information

Charles Herold

How related
deceased

Germany
Maryland
Brother

CAUSES OF DEATH

Primary

Typhoid Fever

(1)

X

How long

2 weeks

Immediate

Pneumonia

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

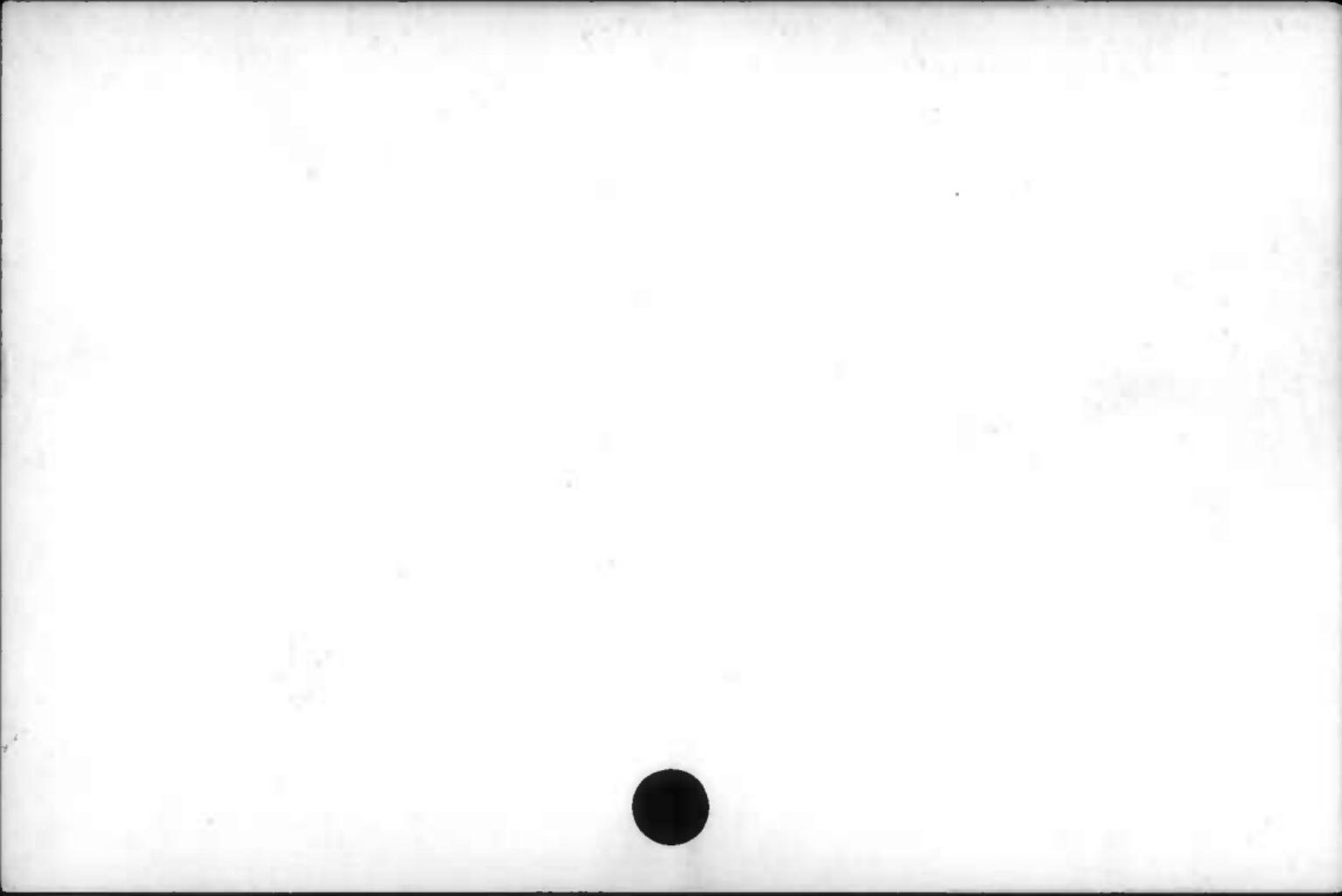
Address

Oliver Purvis
Annapolis
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

Rachel Jernins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Earlight Height	Month	Day	Ann Arundel	MARYLAND
Date of death	1908	Sept	30	Years	Months
Age	38	Color or Race	color	Days	
Sex	Fremall	Birth-place	Bondfield		
Occupation	Haus wife	Where Residing if not at place of death	Earlight Height		
Married, Single or Widowed	married	Name of Wife or Husband	Jane Jernins		
Father's Name	Parroted Harriet	Father's Birthplace	West river		
Mother's Maiden Name	Susan Lannond.	Mother's Birthplace	West river		
Name of person giving Information	Lavin Pindl.	How related to deceased	Sister law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Child Birth
Hemorrhage

135

How long

12. Hours

How long

3 Hours

Immediate

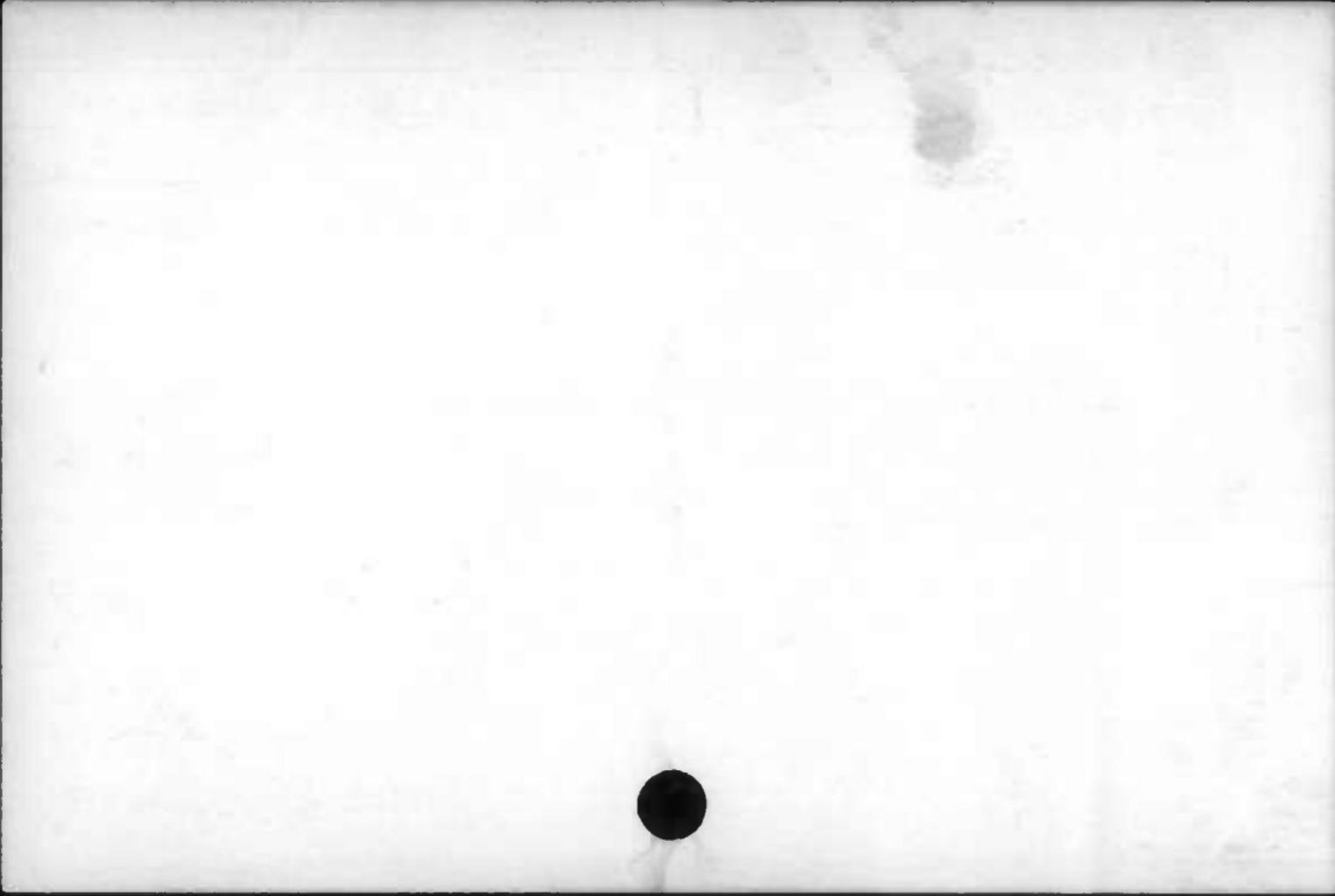
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Thomas A. Brown, M.D.
Marley, C. A. L. and

Accident or Suicide



Name
in
Full

Emma Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Widowed	Name of Husband	Henry Johnson	
Father's Name		Father's Birthplace	Unknown
Mother's Maiden Name	John Knoche	Mother's Birthplace	Unknown
Name of person giving information	Enoch Johnson	How related to deceased	Son

20

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paralysis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

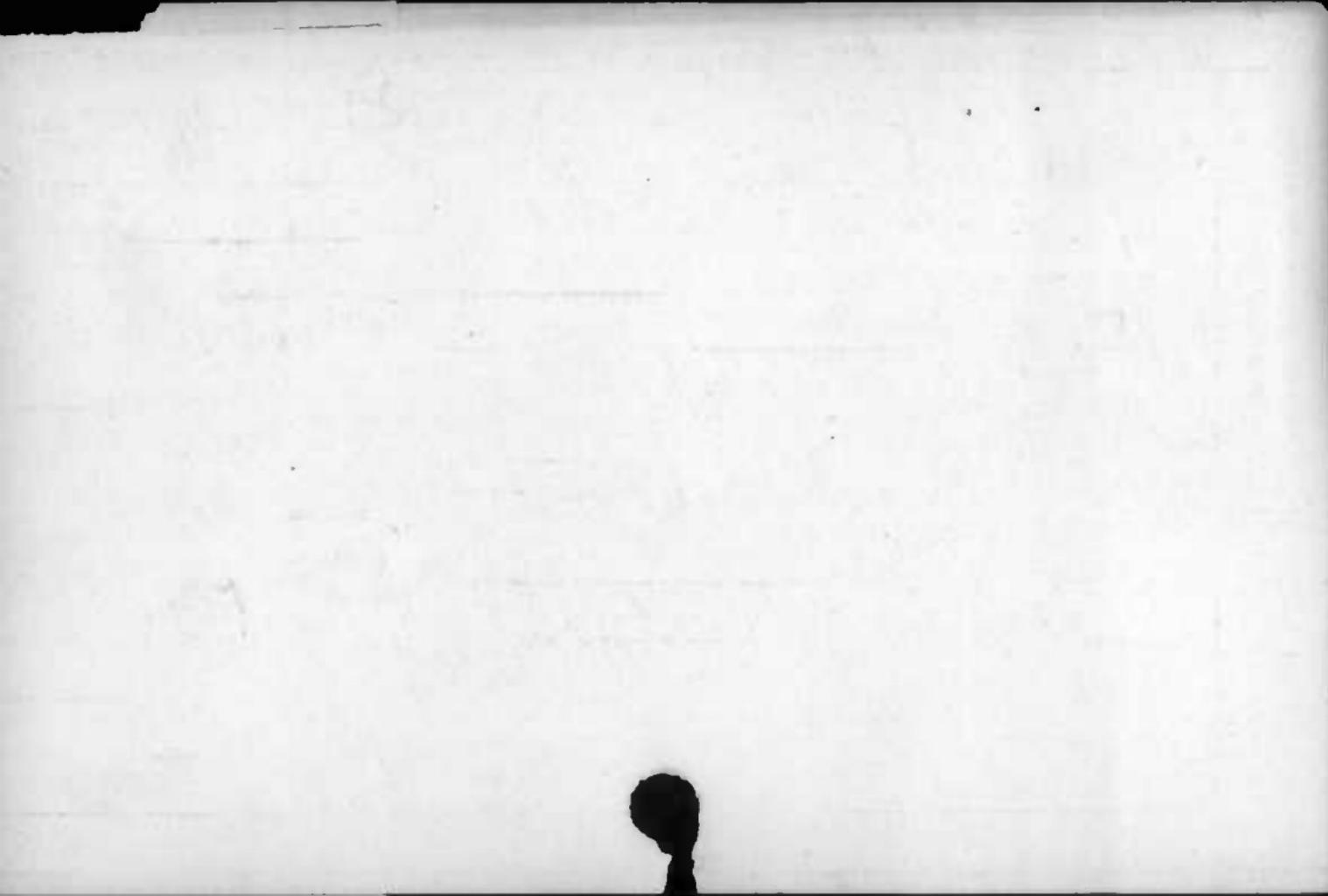
66

5¹/2 days
at once

How long

H. B. Norton M.D.
Do. Bailey. M.D.

Accident or Suicide



Name
in
Full

Pearl Ola Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Annapolis Town A - A - County

Date of death 1909 Month Sept - 30 Day

Age 1. Years

Months 3. Days

Sex Female

Color or Race

Colored

Birth-place

Annapolis

Occupation

Where Residing if not
at place of death

25. Monument St

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Johnson.

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Bertha Hunt

Mother's
Birthplace

St. Margr. Is.
Md.

Name of person giving
Information

Bertha Hunt Johnson

How related
to deceased

Mother

Brownhill

CAUSES OF DEATH

90

Primary

Bronchitis

How long

4 days

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

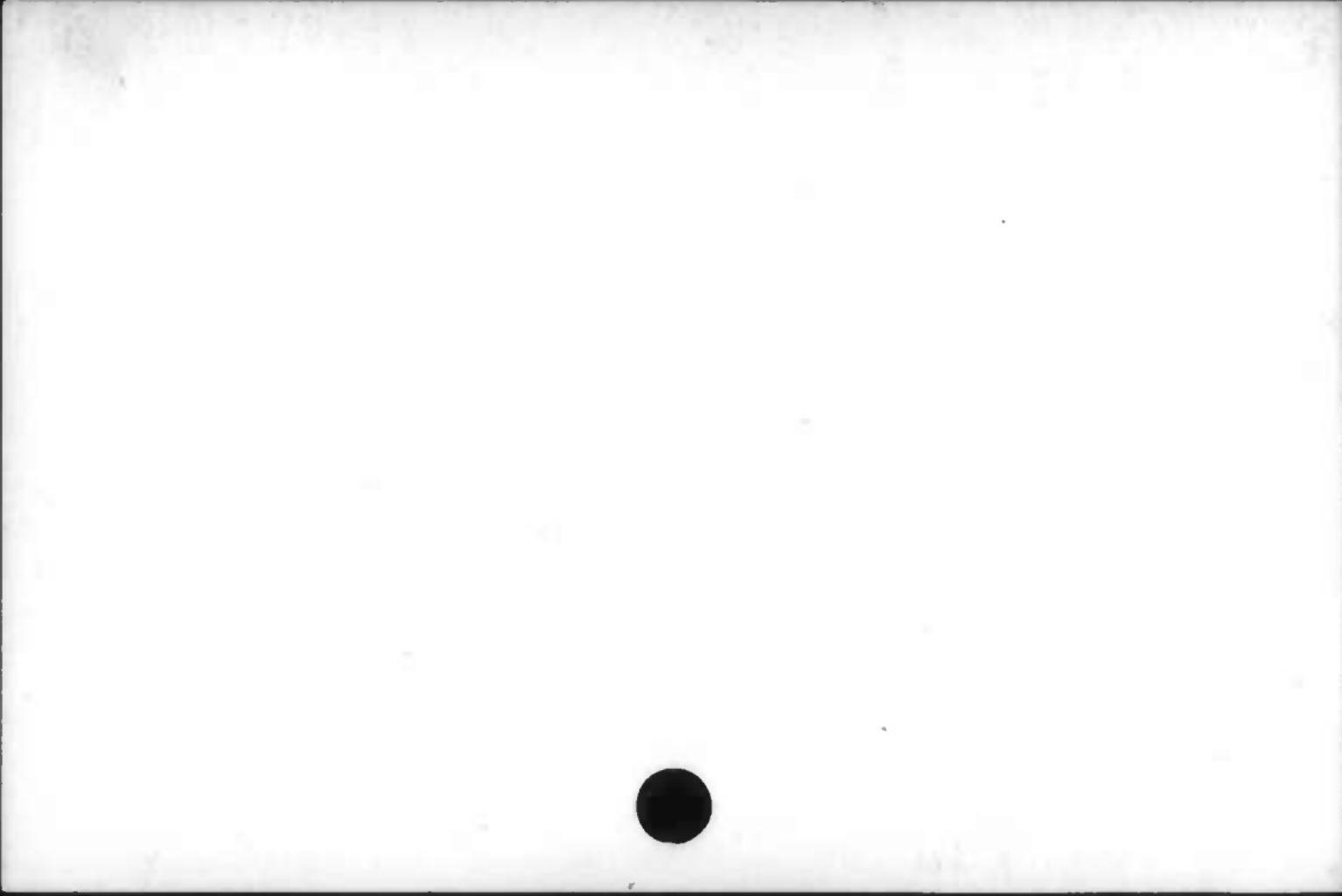
yes

Signature of
Physician

Address

Ambrose Garcia M.D.
34 Second St

Accident or Suicide

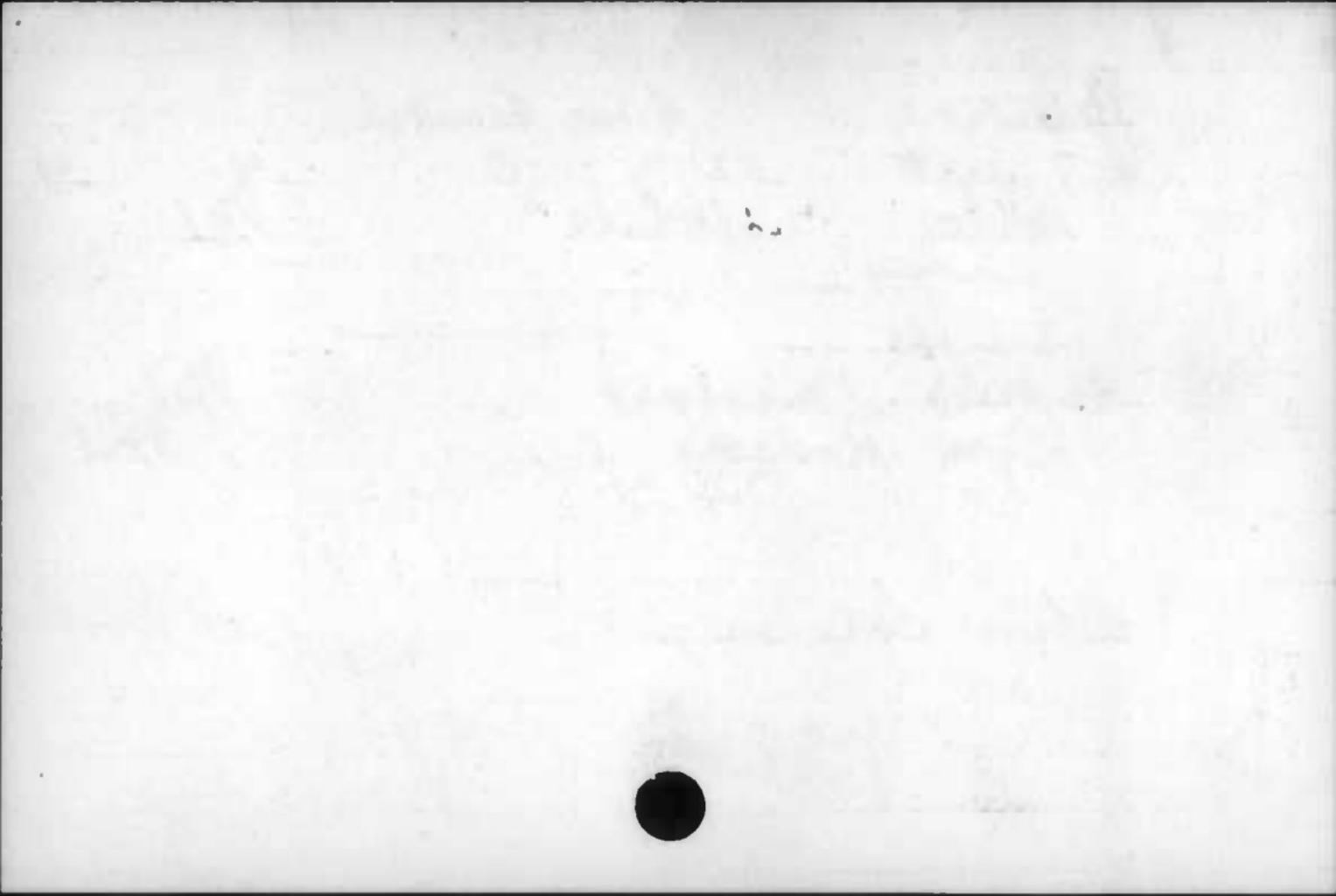


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	Suicid by hanging				
Immediate	with sheet -				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Accident <input checked="" type="checkbox"/> Suicide? <input type="checkbox"/>			Address		



Name
in
Full

Graves Mariford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Andrew Mariford		Father's Birthplace	Md.
Mother's Maiden Name	Iva Rodgers		Mother's Birthplace	Md.
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

E. coliitis

105

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

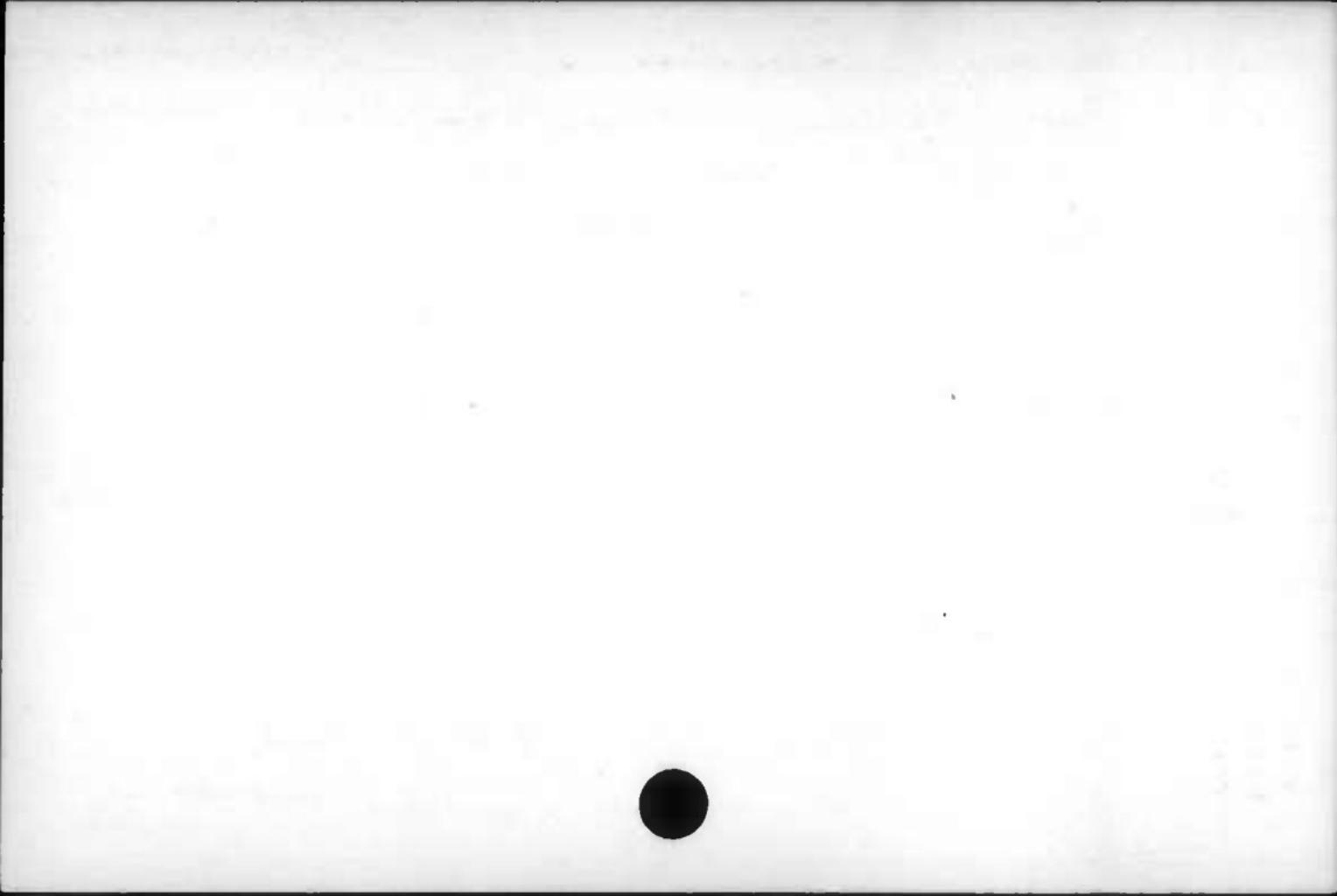
Address

A. H. Perrine

McKendree

Md.

Accident or Suicide



Name
in
Full

William Marsellas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sax	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	John Marsellas	Was			
Mother's Maiden Name	Mary Margness	Mother's Birthplace			
Name of person giving Information	Harry Marsellas	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

1

How long

3 weeks.

Immediate

Are the name, age, sex, color, date and place correctly given above?

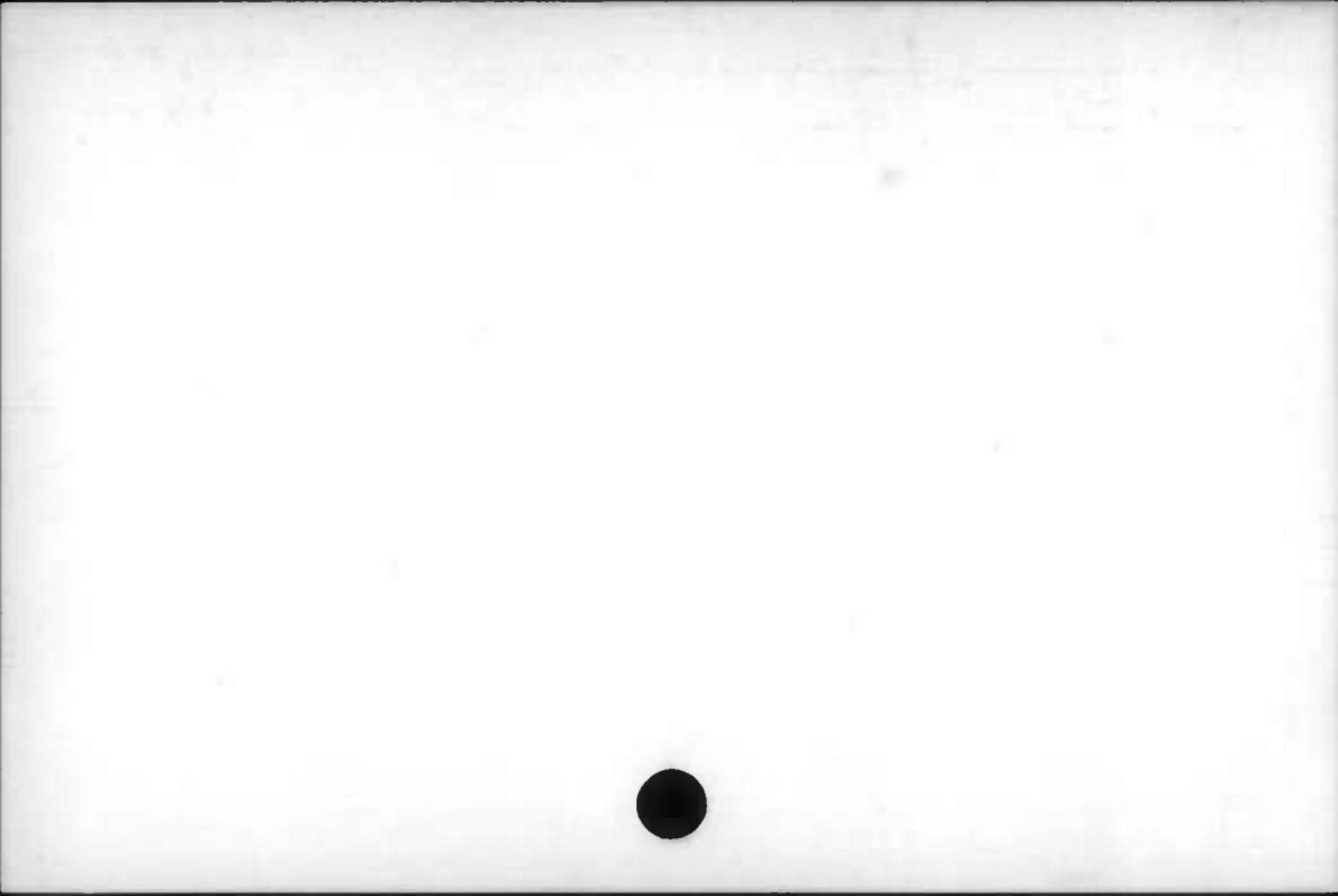
Yes

Signature of Physician

Address

A.H. Penni
McKendree, Mo.

Accident or Suicide



Name
in
Full

Erina Baldwin Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	East Port		County	MARYLAND	
Died at	Month	Day	Year	Month	Days
Date of death 1909	Sept	19	Age	2	3
Sex Female	Color or Race	White	Birth-place	St. C. Co. Md.	
Occupation	Where Receiving if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	None			
Father's Name	William B. Marshall			Father's Birthplace	St. C. Co. Md.
Mother's Maiden Name	Charlie Farr			Mother's Birthplace	Baltimore Md
Name of person giving Information	William B. Marshall			How related to deceased	Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Malnutrition

105

X

How long

2 months

Immediate

Lead Colitis

How long

400 days

Are the name, age, sex, color, date and place correctly given above?

yes

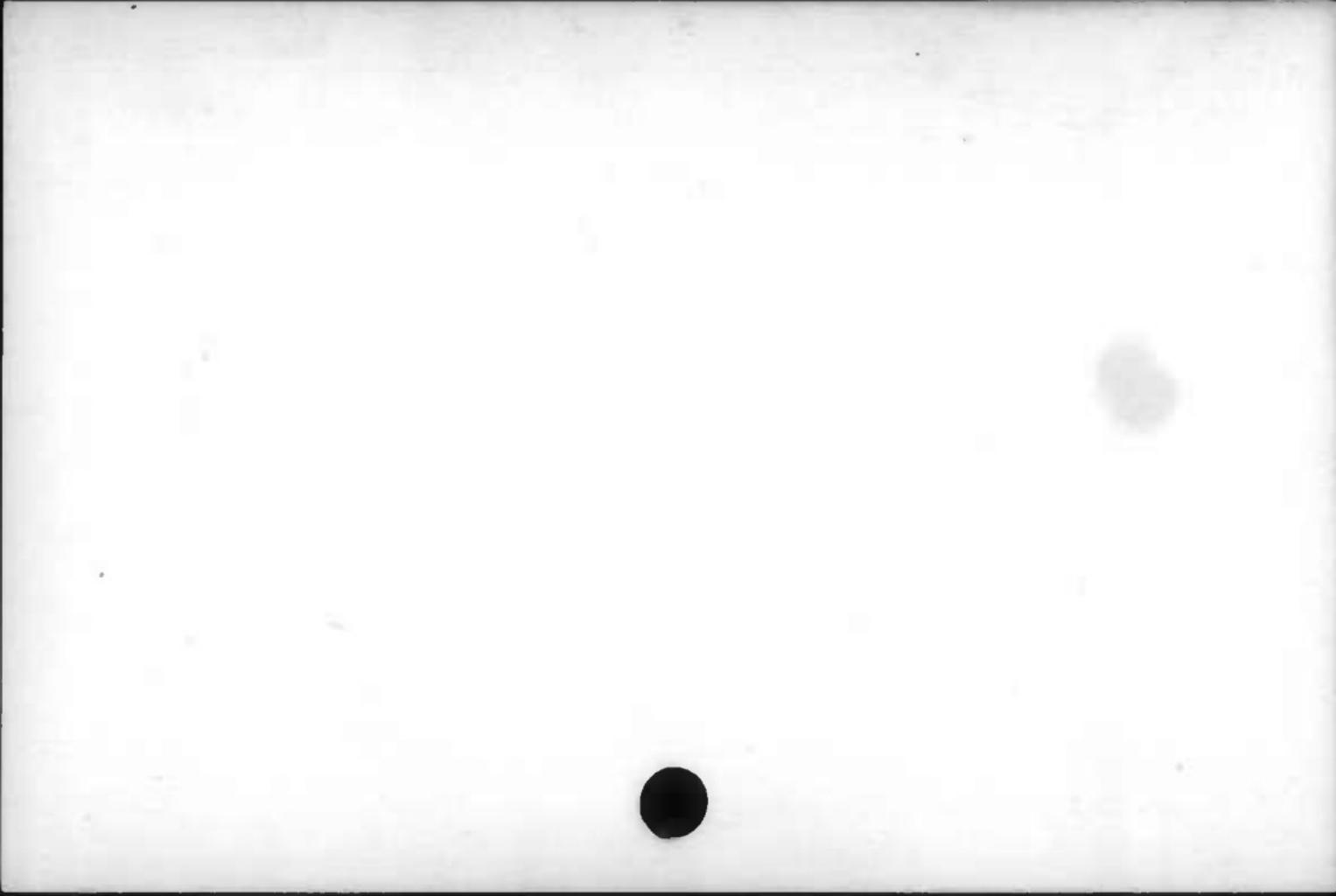
Signature of Physician

Address

Oliver Purvis
Crown Office
Md

Accident or Suicide

220



Name
in
Full

John Robert Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

East Port

Month

Year

Month

Day

Date
of death

1909 Sept 12

Age

Month

Day

9

Years

2

Color or
Race

White

Birth-
place

Sex

Male

Age

St. St. Thomas

Occupation

Nurse

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Nurse

Father's

Name

William B. Marshall

Father's

Birthplace

St. St. Thomas

Mother's
Maiden Name

Connie P. Farr

Mother's

Birthplace

Baltimore Md.

Name of person giving
Information

William B. Marshall

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ileo-Colitis

105

Immediate

" "

How long

4 or 5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Purvis
Demarest
Md.

Accident or Suicide

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nannie Mathews

Town

County

CERTIFICATE OF DEATH

MARYLAND

Days

Died at

Month

Day

Years

Months

Date
of death

Friendship

a. a.

15th Age 8

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Baltimore

Occupation

School girl

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Birthplace

Md

Father's
Name

Matthews

Mother's
Maiden Name

Maggie Thomas

Mother's
Birthplace

Md

Name of person giving
Information

Benj Coates

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Typhoid Fever

1

How long

X

How long

Two weeks

Immediate

Collapse and Heart Failure

2

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr Brayshaw
Friendship
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Matthews Still born

CERTIFICATE OF DEATH

Died at Annapolis Anne Arundel MARYLAND

Town

County

Month

Day

Years

Month

Day

Date
of death 190

9 Sept 11

Age

Sex Male
Occupation

Color or
Race

Colonial

Birth-
place

33 Monument St

Where Residing if not
at place of death

" "

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Author Matthew

Father's
Birthplace

West Palm

Mother's
Maiden Name

Eva Parker

Mother's
Birthplace

Annapolis
Mother

Name of person giving
Information

Eva Matthews

How related
to deceased

Primary

CAUSES OF DEATH

Still Born



Immediate

How long

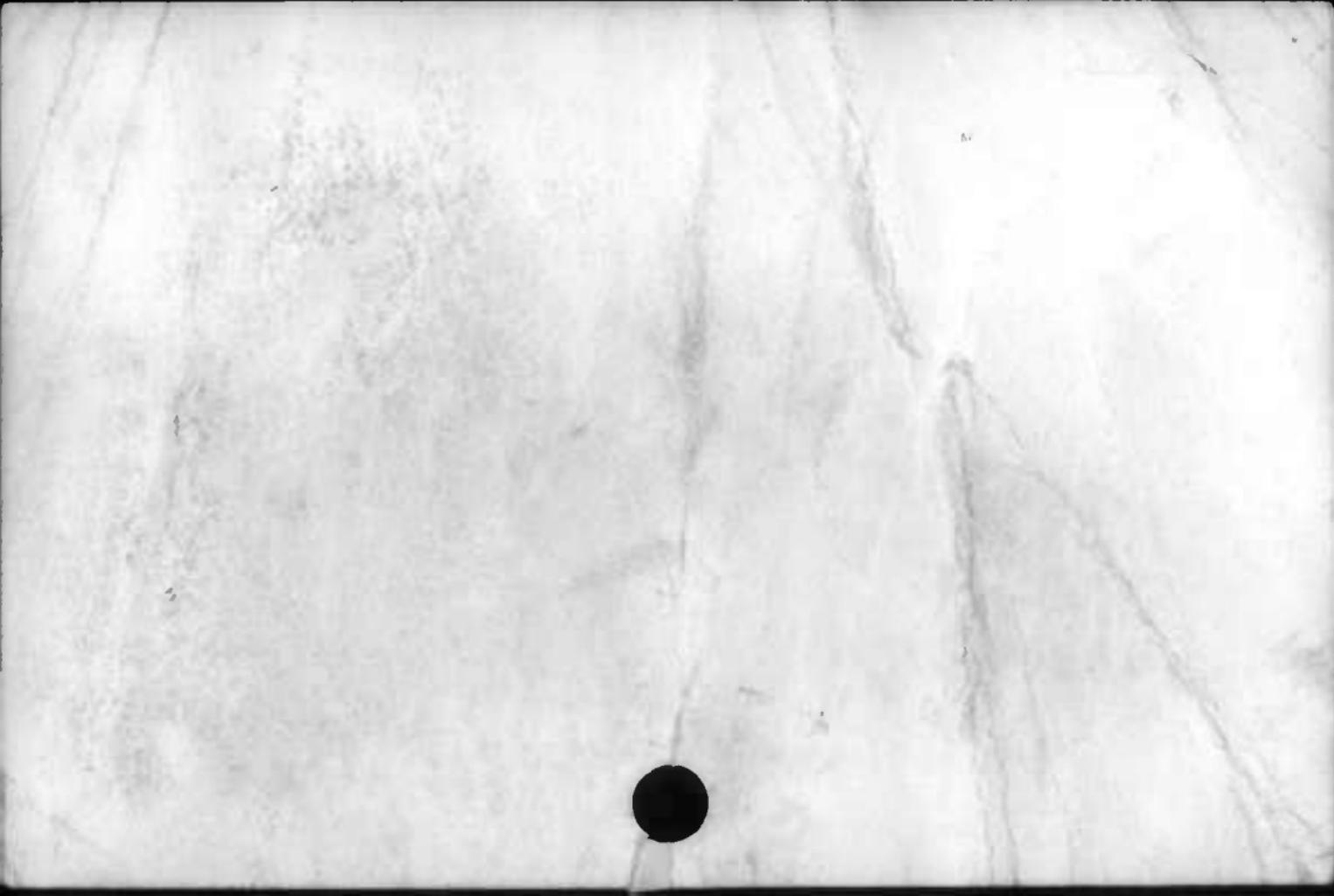
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. D. Jones Welch, M.D.

Accident or Suicide



Name
in
Full

Lillian Maynard Merrikan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	St. Co.		
Died at	Month	Day	Years	Months	MARYLAND		Days
Date of death 1909	Sept	8	Age 1	9			
Sex Female	Color or Race	White			Birth-place	Annapolis	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Singl	None			Father's Name	St. Co., Md.	
Zack Merrikan				Mother's Name	St. Co., Md.		
Virginia Gates				Name of person giving Information	How related to deceased		Father
Zack Merrikan							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Anthrax - colitis

Immediate

Eclampsia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

105

How long

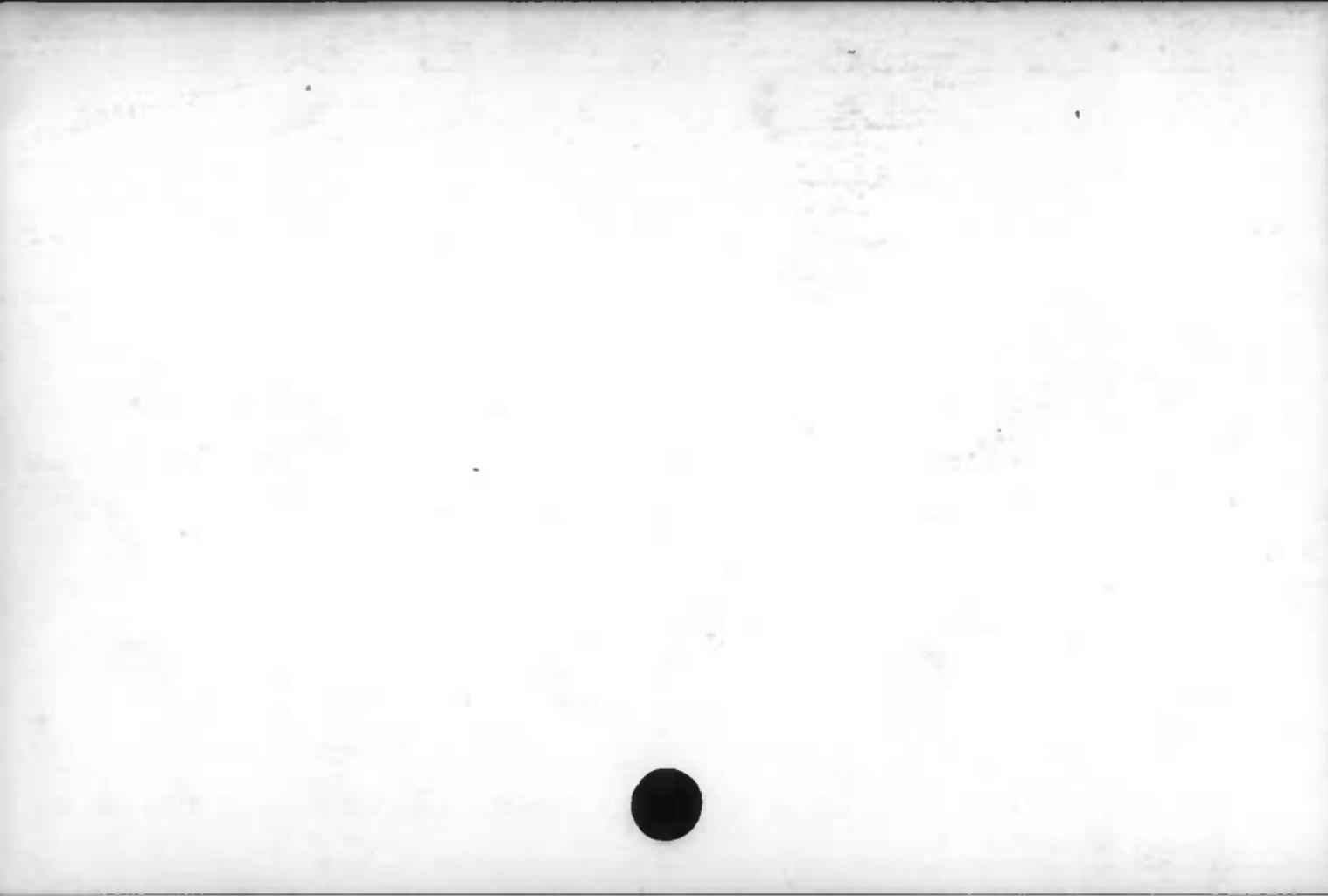
How long

one week

sudden

85 Hyphens
Annapolis
Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

17

PHYSICIAN
OR CORONER

Not named - Still born		Moncavitch		CERTIFICATE OF DEATH			
Died at	So. Baltz	Town		County	Aet.	MARYLAND	
Date of death	1909	Month Sept	Day 5	Age	Years —	Months —	Days —
Sex	Female	Color or Race	white	Birth-place	So. Baltz, Md.		
Occupation	—	Where Residing if not at place of death			—		

Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	Jos. Moncavitch	Father's Birthplace	Russia
Mother's Maiden Name	Helena Zincavitch	Mother's Birthplace	Russia
Name of person giving Information	Jos. Moncavitch	How related to deceased	Father

CAUSES OF DEATH

Primary
Still born

(8)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

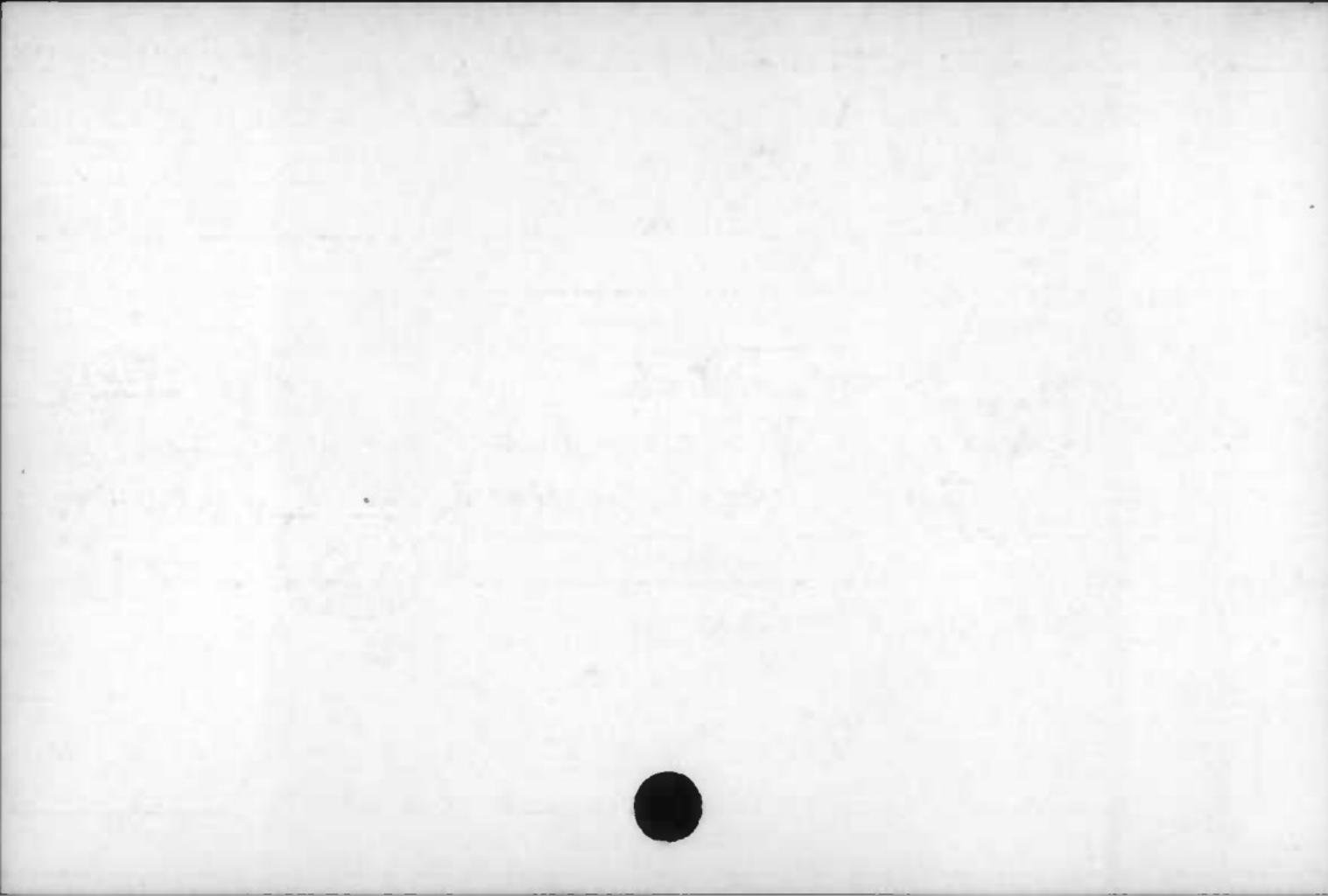
yes

Signature of Physician

Address

Thos. B. Horton M.D.
So. Baltz, Md.

Accident or Suicide?



Name
in
Full

Andrew Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	Anne Arundel	
Died at	Month	Day	Years	Months	Days	
Date of death 1909	Sept	2	Age 46	-	-	
Sex Male	Color or Race	Colored			Birth-place	Annapolis Md
Occupation Stable Man	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband	Priscilla Parker			Father's Birthplace	Annapolis Md
Father's Name Elisha Parker				Mother's Birthplace	" "	
Mother's Maiden Name Charlotte				How related to deceased	Nephew	
Name of person giving information John Parker						

CAUSES OF DEATH

166

Primary

Kick in abdomen from a horse 27 hours

Immediate

Peritonitis

How long

12 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

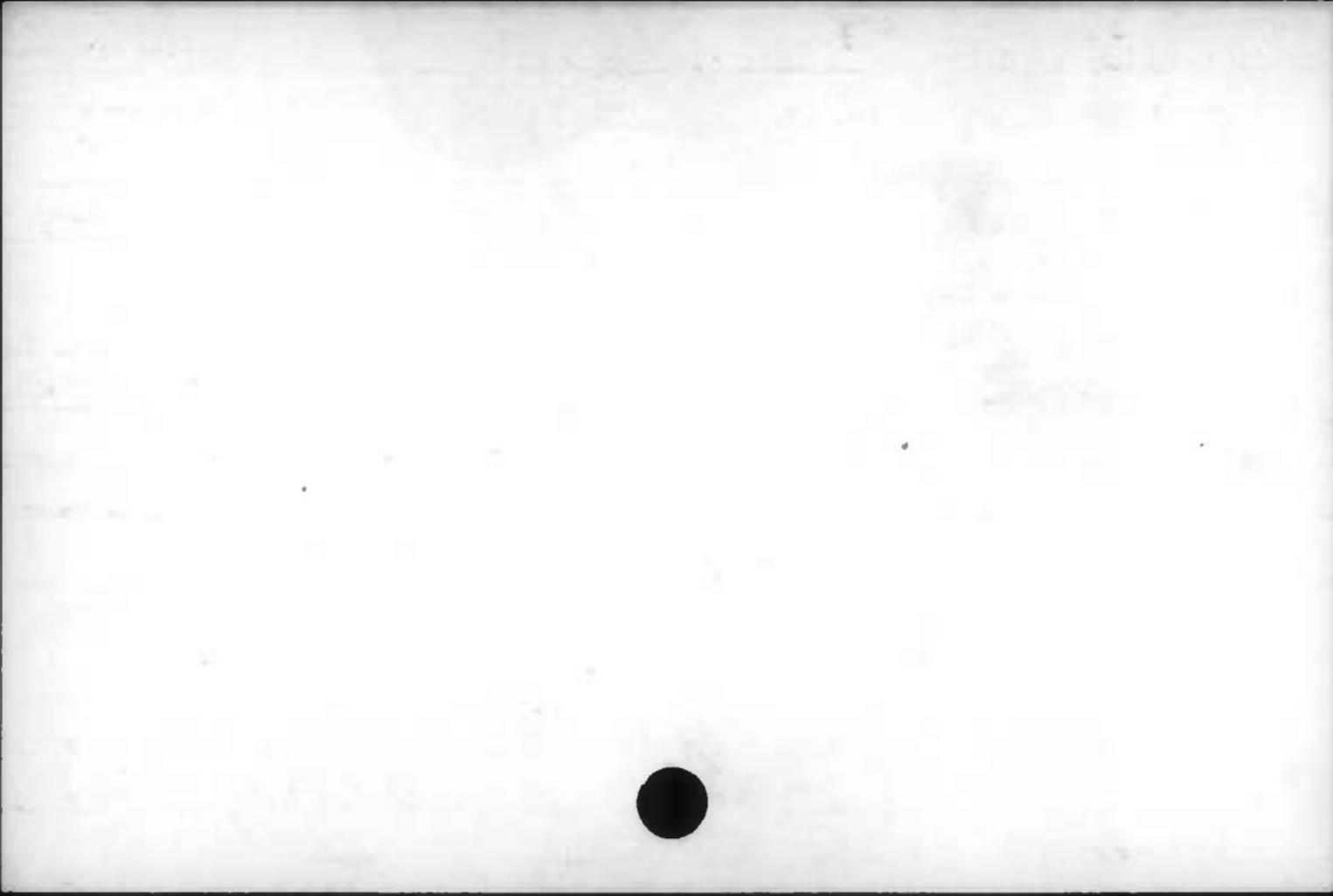
Signature of
Physician

Address

H. S. Welch M.D.
Annapolis

Accident or Suicide

Accident



Name
In
Full

See Edward Phipps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Phipps			County		
Died at	Germantown			Md.		
Date of death	Month	Day	Years	Months	Days	
1909	Sept	14	4	7	19	
Sex	Male	Color or Race	White	Birth-place	East Port Md.	
Occupation	Student			Where Residing if not at place of death	Germantown,	
Married, Single or Widowed	Singl	Name of Wife or Husband	None	Father's Birthplace	Germantown, Md.	
Father's Name	Thomas S. Phipps			Mother's Birthplace	Md.	
Mother's Maiden Name	Lucy of Bakery			How related to deceased	Father	
Name of person giving information	Thomas S. Phipps			(9)		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Laryngeal Diphtheria,

How long

36 hrs.

Immediate

Asphyxia

How long

10 hrs.

Are the name, age, sex, color, date and place correctly given above?

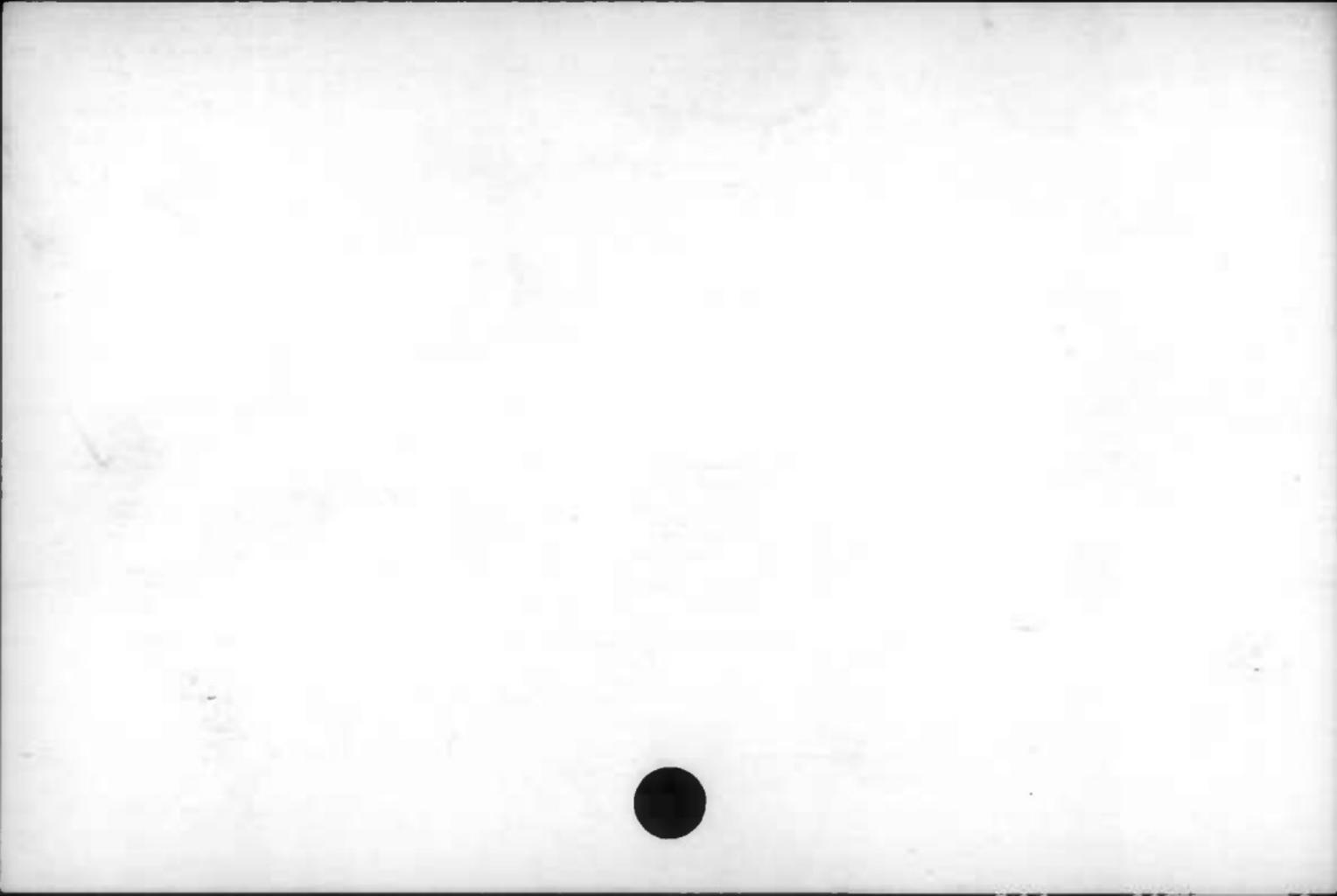
Signature of Physician

Address

Louis B. Luckie Jr.
Annapolis,
Md.

Accident or Suicide

Neither



Name
in
Full

Victoria Postolowicz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town 50. Balto -	County Baltimore	MARYLAND		
Date of death	Month 1909 Sept	Day 26	Age 1	Years	Months 5
Sex	Female	Color or Race white	Birth- place South Baltimore, Md.	Days —	
Occupation	—	Where Residing if not at place of death —			
Married, Single or Widowed	—	Name of Wife or Husband —			
Father's Name	Mike Postolowicz		Father's Birthplace Europe		
Mother's Maiden Name	Catherine Postolowicz		Mother's Birthplace Europe		
Name of person giving Information	Catherine Postolowicz		How related to deceased mother		

23

PHYSICIAN
OR CORONER

Primary

Enteritis

CAUSES OF DEATH

105

Immediate

Are the name, age, sex, color, date
and place correctly given above?

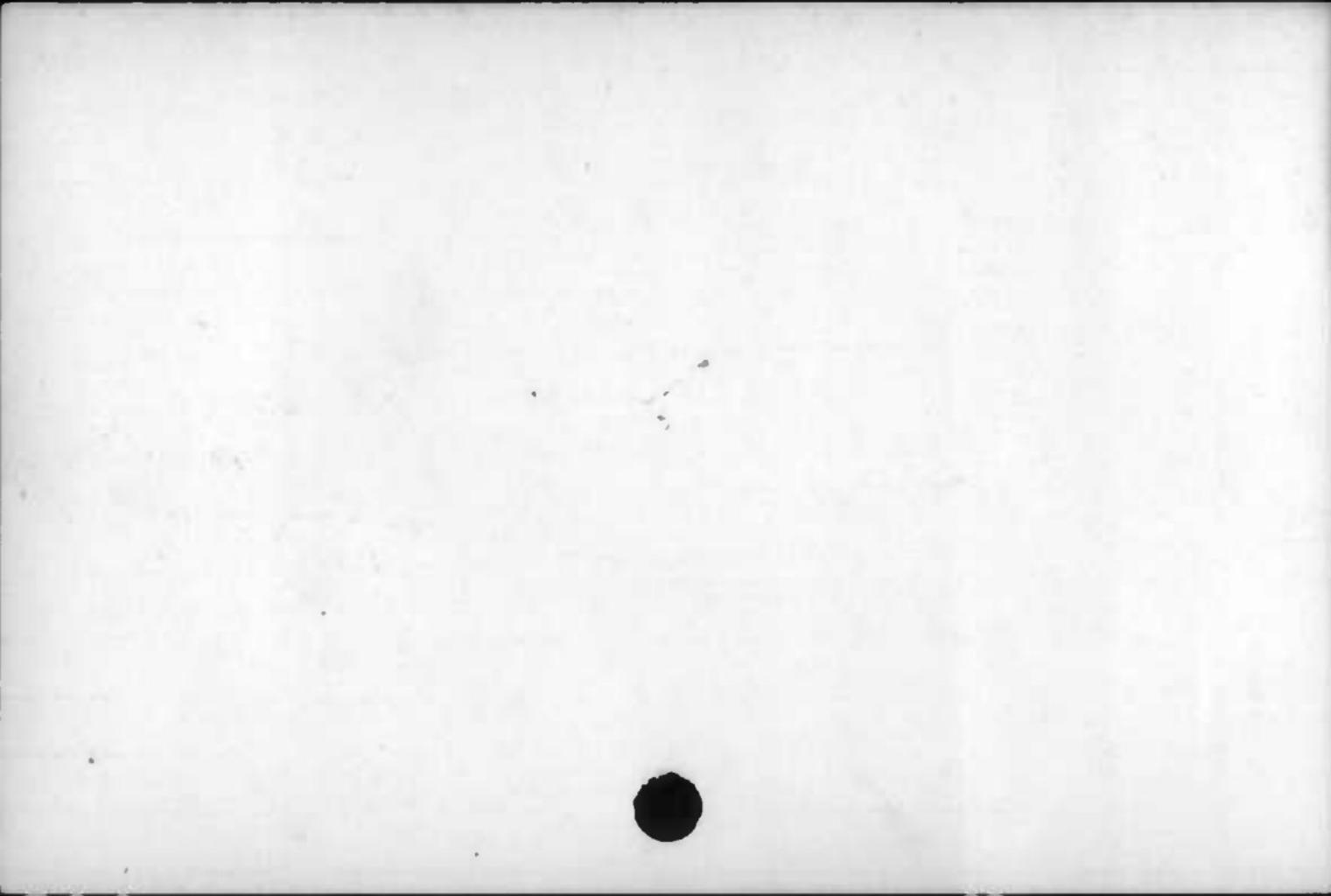
yes

Signature of
Physician

Address

J.W. B. Horton M.D.
50. Balto - M.D.

Action or Suggestion?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marie Price

CERTIFICATE OF DEATH

Died at Annapolis County Anne Arundel
Town Anne Arundel MARYLAND
Month Sept Year 11 Age 3
Date of death 190 Month Days
Sax Female Color or Race Colored
Occupation _____ Where Residing if not
at place of death

Married, Single
or Widowed Infant Name of Wife or
Husband

Father's Name George Price Father's Birthplace A. A. C. M.

Mother's Maiden Name Georgiana Johnson Mother's Birthplace Annapolis

Name of person giving Information George Price

Father's Birthplace

Mother's Birthplace

How related
to deceased

105

How long

How long

Primary

CAUSES OF DEATH

Gastric Intestinal

Convolusions

Immediate

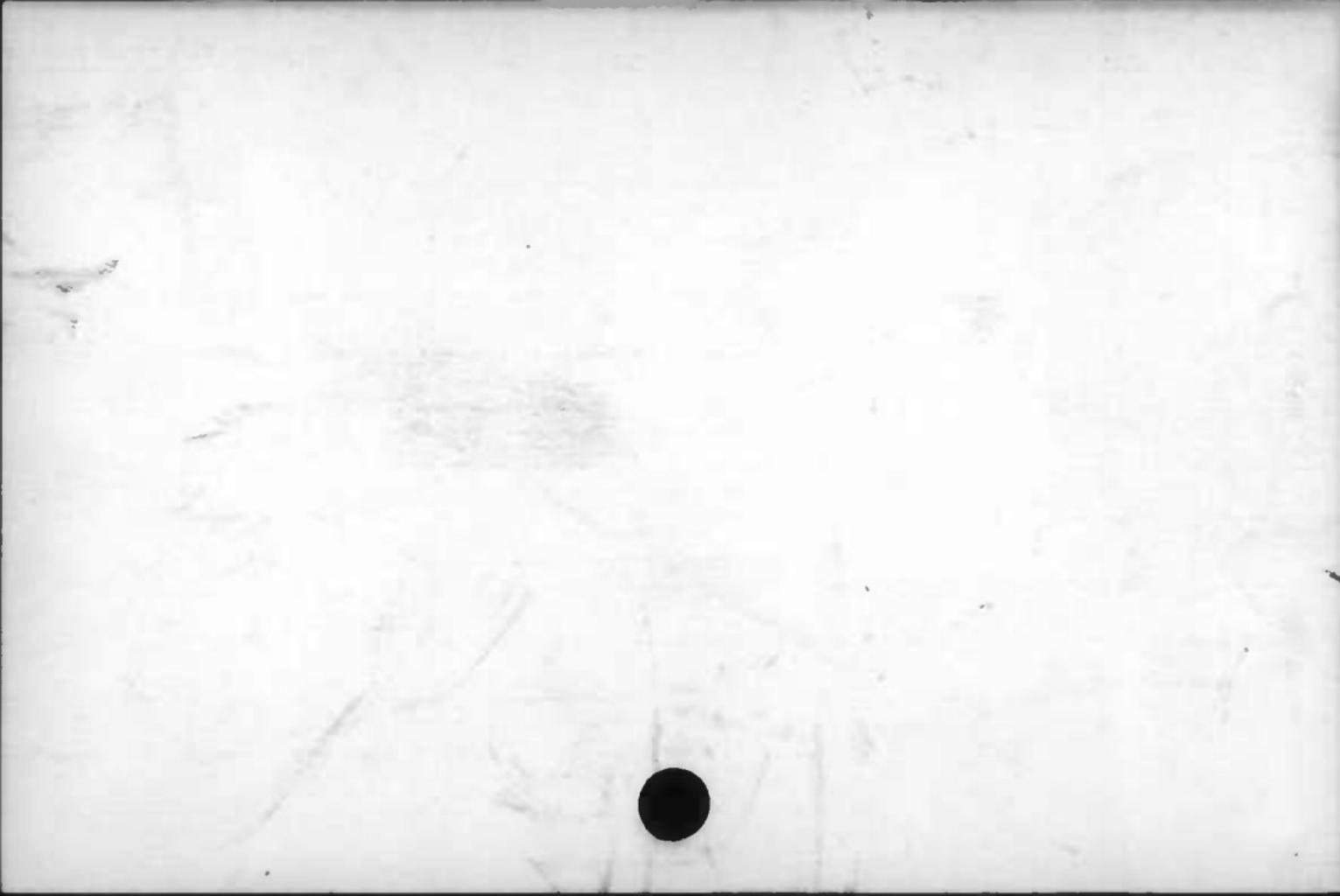
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

P. P. Reeee
63 Cathedral St.
Annapolis Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Geo W. Roper

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

South Baltimore Anne Arundel

Date
of death 190

Month

Day

Years

Months

Days

9 Sept

Age

18

11

29

Sex

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Painter

Where Residing if not
at place of death

4022 Grindall St

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

Wm W. Roper

Father's
Birthplace

Virginia

Mother's
Maiden Name

Trudie Keene

Mother's
Birthplace

Dorchester

Name of person giving
Information

Trudie Roper

How related
to deceased

Mother

18

CAUSES OF DEATH

Primary

166

How long

Immediate

Accidentally shot

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

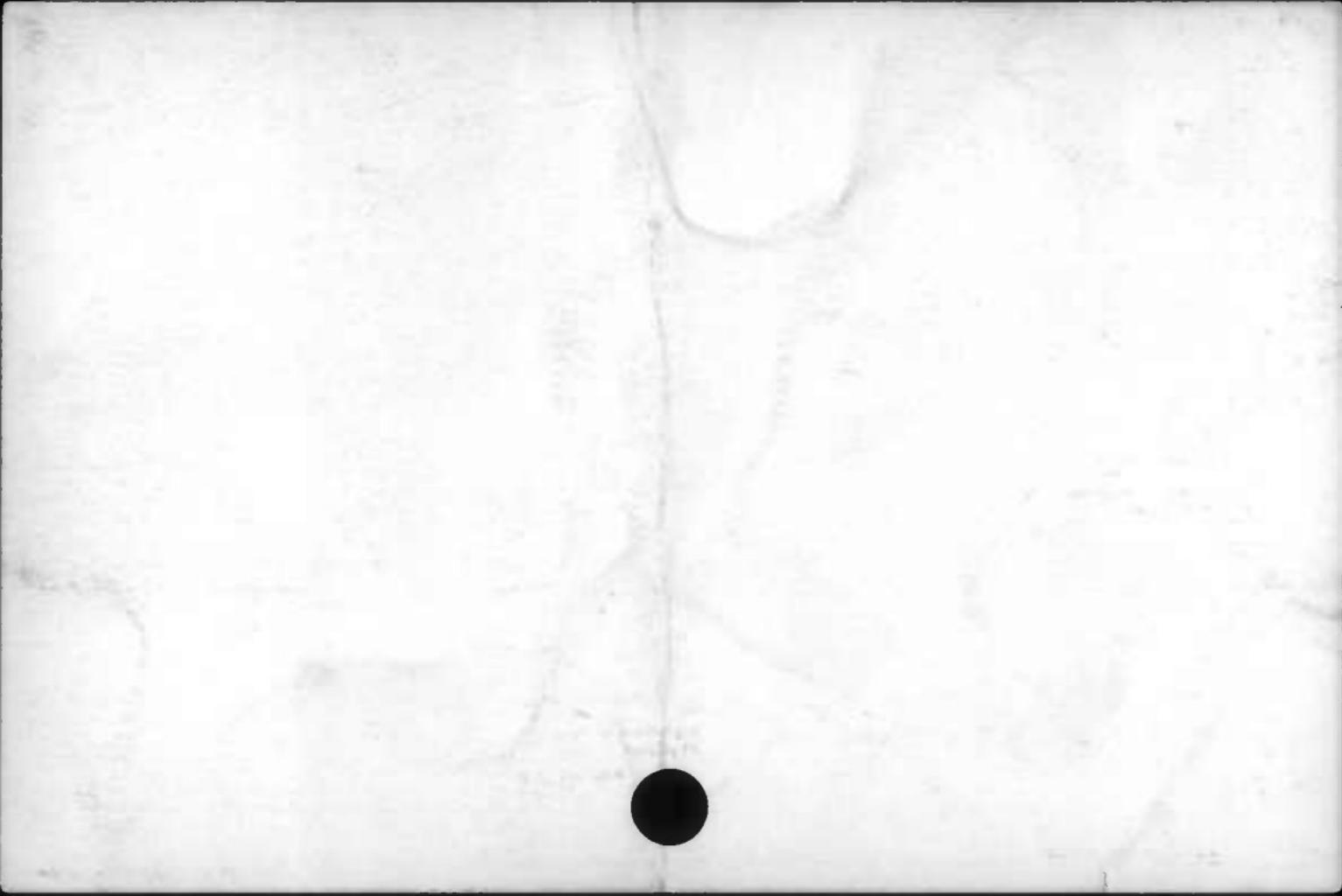
Signature of
Physician

Address

John E. Pyle Coroner
Brooklyn ALC
Maryland

Accident or Suicide

Accident



Name
in
Full

Sophie Marie Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Brooklyn		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	September	5	Age 28		
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House-wife				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not et place of death		
Father's Name	Charles G. Ross.				
Mother's Maiden Name	Germany				
Name of person giving Information	Turkey				
Sophie Stoll	Mother				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Organic Disease of heart not known

79

How long

Immediate

Pneumonia of lungs

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Samuel A. Bain
937 Madison Ave

Accident or Suicide



Name
in
Full

Elizabeth Johanna Schmidt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	County				
Summit Grove on Stoney Creek, Anne Arundel.	MARYLAND				
Date of death 1909	Month Sept	Day 30 -	Years Age 74 -	Months -	Days -
Sex Female -	Color or Race White -	Birth- place Germany			
Occupation Housewife -	Where Residing if not at place of death				
Married, Single or Widowed Widowed -	Name of Wife or Husband John Henry Schmidt				
Father's Name Unknown -	Father's Birthplace Germany -				
Mother's Maiden Name Unknown	Mother's Birthplace Germany				
Name of person giving Information Mrs. Mollie Weston	How related to deceased Daughter -				

CAUSES OF DEATH

Primary

Senile Deterity.

13

How long

2 years.

Immediate

Cholera Morbus.

How long

7 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

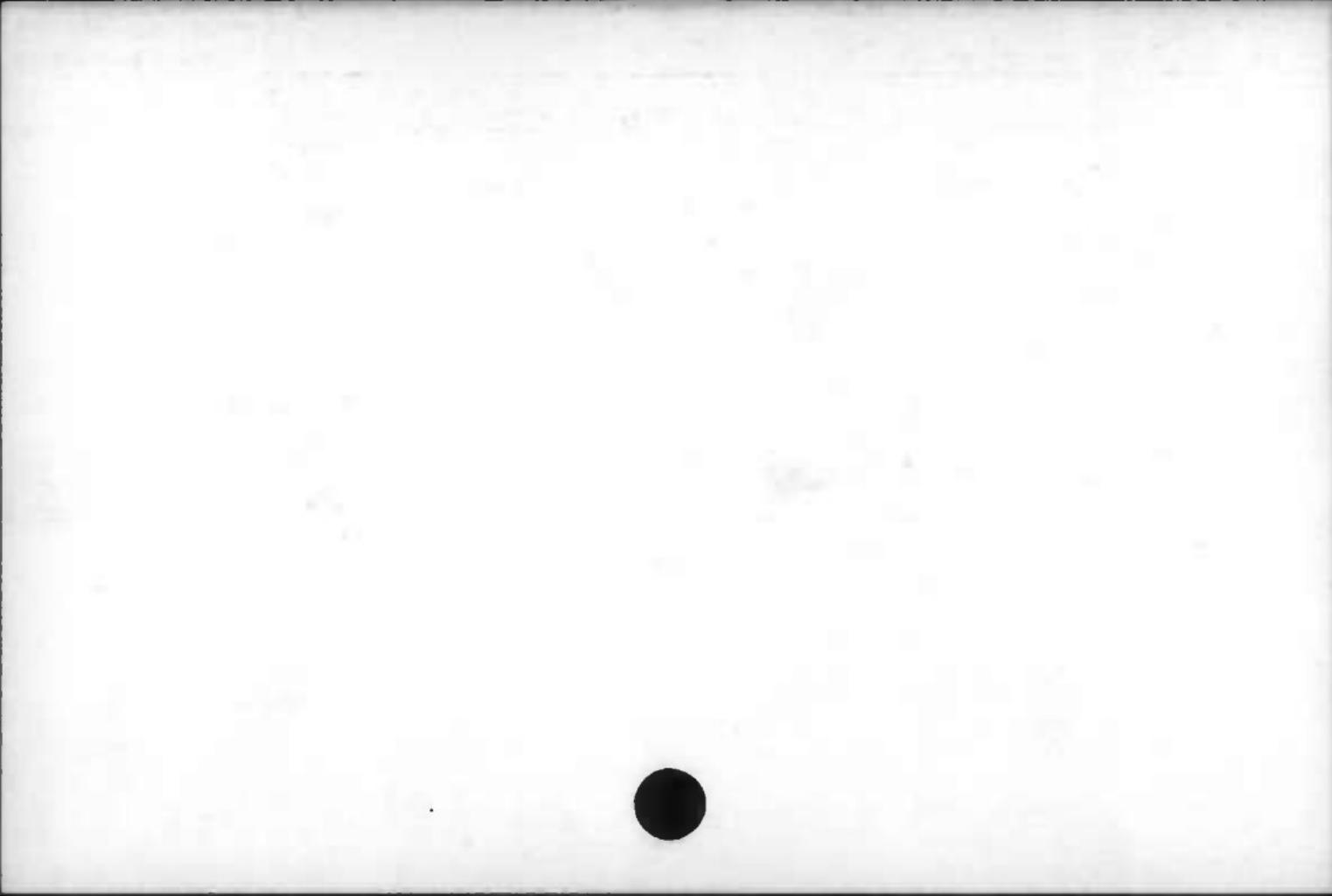
Address

James S. Billingsley M.D.
Elmwood R.F.D #1

Accident or Suicide

No.

Not



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Not NAMED Sellman

CERTIFICATE OF DEATH

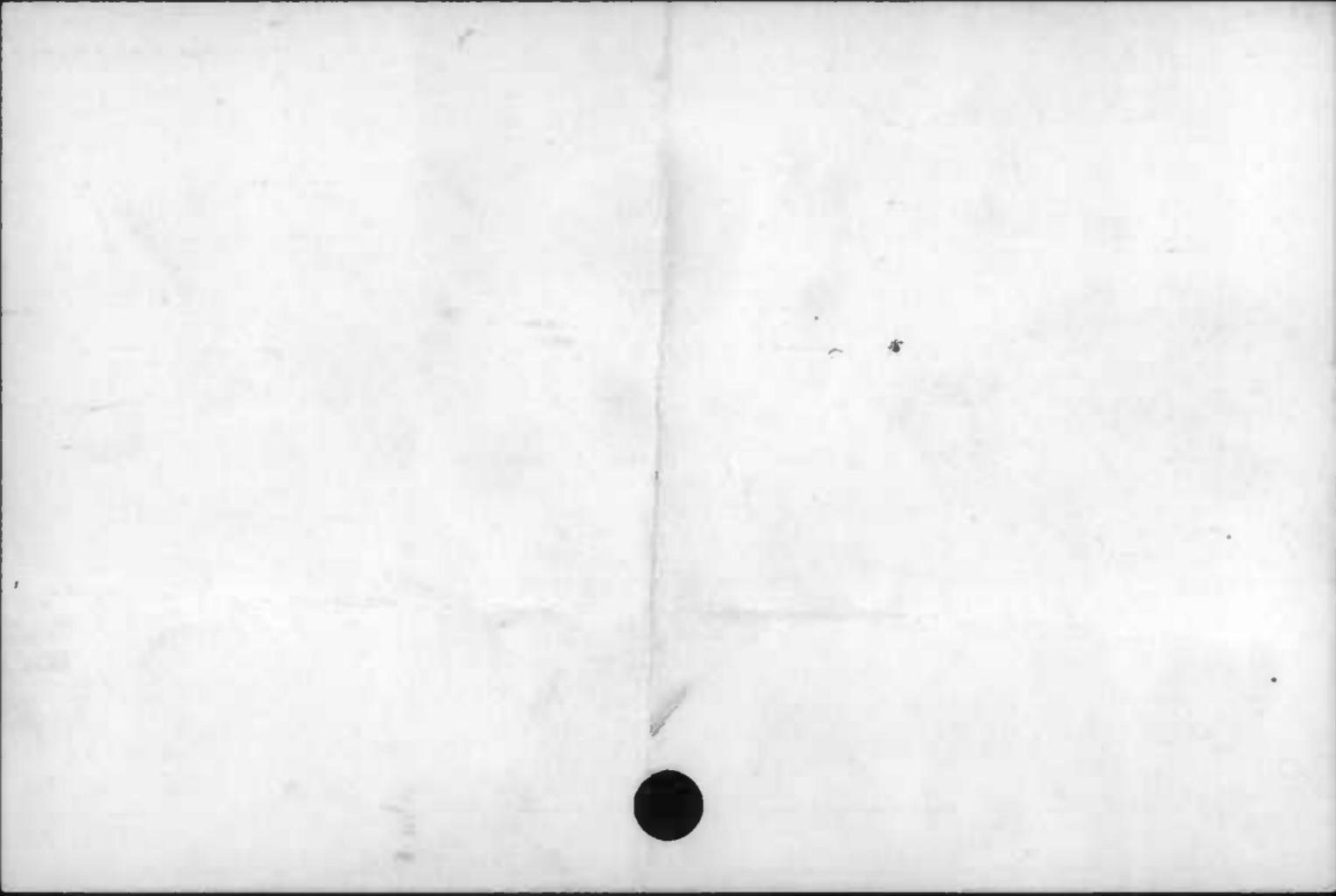
Died at	West River	Town	Anne Arundel	County	MARYLAND	
Date of death	1909	Month Sept	13	Day	5	Months
Sex	Female	Color or Race	Colored	Age	Days	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	John Ed. Sellman			Father's Birthplace	GAG, Md	
Mother's Maiden Name	Amyj Perkins			Mother's Birthplace	GAG, Md	
Name of person giving information	John Ed. Sellman			How related to deceased	Father	

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	Not Known		How long	Doubt Known
Immediate	Sudden death, Doubt Known		How long	2 Minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Maelzer Cawood MD	
Yes		Address	West River Md	
Accident or Suicide?				



Name
in
Full

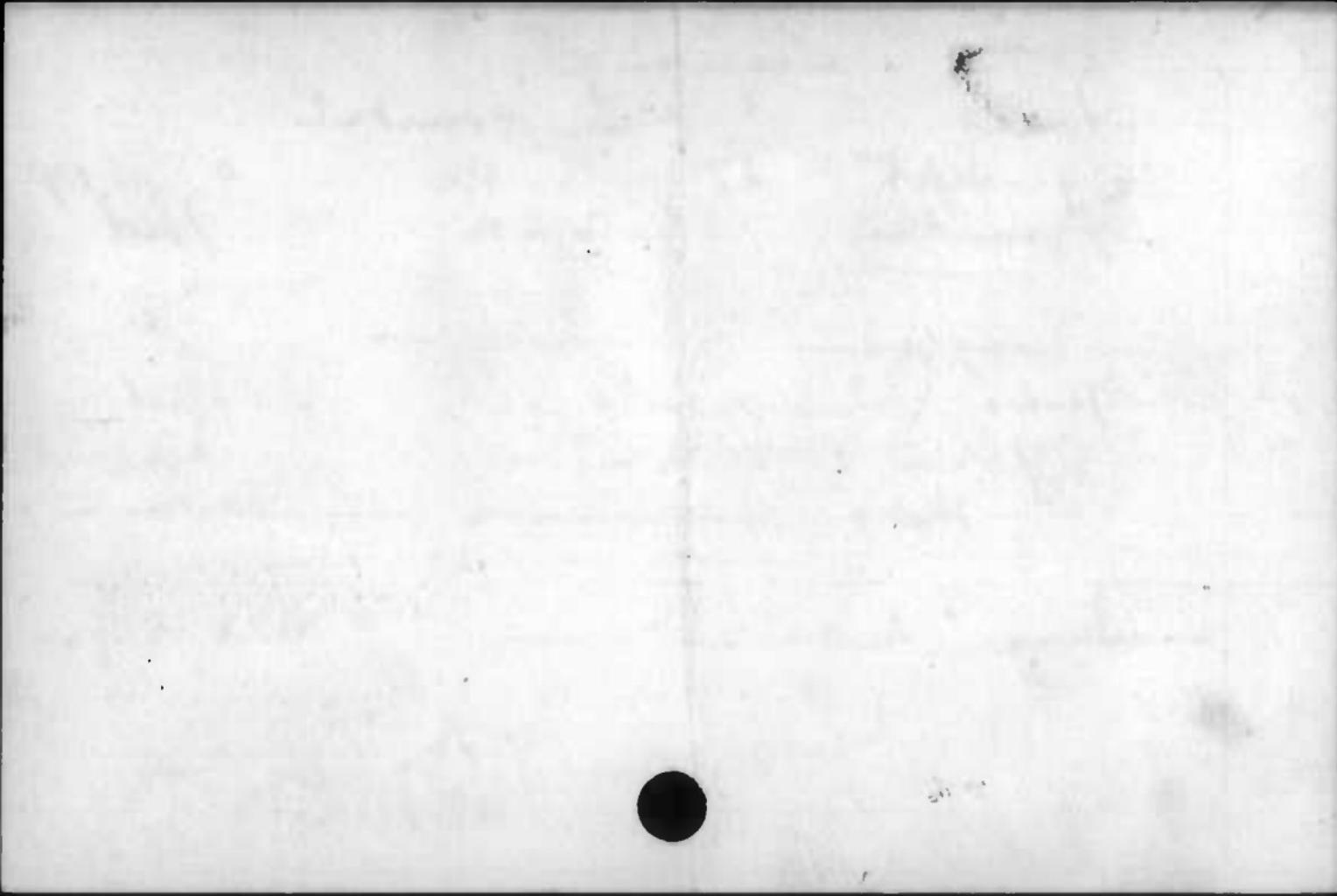
To BE ANSWERED BY
NEAREST FRIEND

Josephine Shaffer				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 1909	Month Sept	Day 6	Age 20	Years 7	Months	Days
Sex Female	Color or Race White	Birth-place Md				
Occupation House	Where Residing if not at place of death Burles Bay Md					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Jacob Shaffer	Father's Birthplace Germany					
Mother's Maiden Name Mary Shaffer	Mother's Birthplace Germany					
Name of person giving information Mother	How related to deceased Father					

CAUSES OF DEATH

27

Primary	Tuberculosis Pulmonary	
Immediate	Hypostatic pneumonia	
Are the names, sex, color, date and place correctly given above? Yes		
Signature of Physician	William D. Smith M.D.	
Address	1028 Madison Ter., Gallaudet, Md.	
Accident or Suicide?	No	



Lewis L. Short

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Died at	Odenton		Anne Arundel			
Date of death	Month	Day	Age	Years	Months	Days
1909	9	28	63	5		
Sex	Color or Race		Birth-place			
Male	White		Maryland			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		a. a. Short			
Widower	William Short		Father's Birthplace Maryland			
Mother's Maiden Name	Mary Wheat		Mother's Birthplace "			
Name of person giving information	Rene Short		How related to deceased daughter			

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long	4 days
Immediate	Intracranial pressure		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R. F. Hammond,
			Address	Jessup, Md.
Accident or Suicide?	No			

19.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sax	Color or Race	Age	0	0	14	
Occupation	Where Residing if not at place of death					

Died at Jurie. Date of death 1909 Sept 27 Age 0 Months 0 Days 14
Sax Female Color or Race Black Birth-place Md
Occupation _____

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name	<u>Mrs. Dimmings</u>	<u>N.J.</u>
Mother's Maiden Name	<u>Bella Foster</u>	Mother's Birthplace
Name of person giving Information	<u>Mrs. Dimmings</u>	How related to deceased
CAUSES OF DEATH		<u>Father</u>

Married, Single or Widowed Single Name of Wife or Husband _____ Father's Birthplace N.J.
Father's Name Mrs. Dimmings Mother's Birthplace N.J.
Mother's Maiden Name Bella Foster How related to deceased Father
Name of person giving Information Mrs. Dimmings

(151)

Primary Inantioir

Immediate

Are the name, age, sex, color, date and place correctly given above?

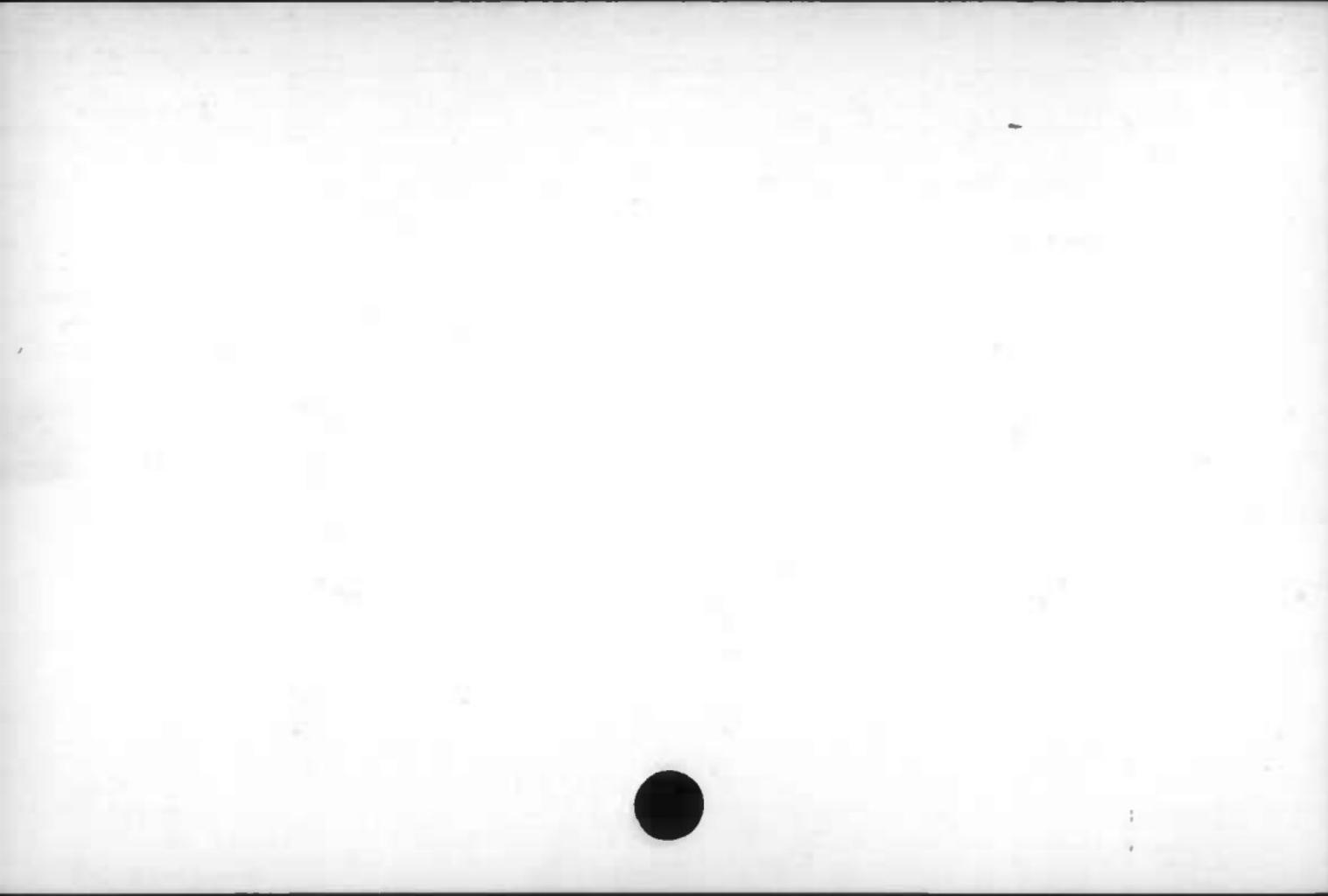
Yrs

Signature of Physician

Address

A. N. Perri
McKendree, M.

Accident or Suicide



Name
in
Full

Jennie E Stokes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eastport a.a. Co. County MARYLAND
Town Month Day Years Months Days

Date of death 1909 Sept 21 Tuesday Age 22 Birth-place Baltimore
Month Day Years Months Days

Sex Femail Color or Race White

Occupation Insurance Where Residing if not at place of death Home

Married, Single or Widowed Married Name of Wife or Husband Samuel Stokes

Father's Name Richard Wilson Father's Birthplace Annapolis

Mother's Maiden Name Mettie Holiday Mother's Birthplace Annapolis

Name of person giving Information Mrs Chas Stevend How related to deceased Not related

CAUSES OF DEATH

Primary Tuberculosis How long 27 months

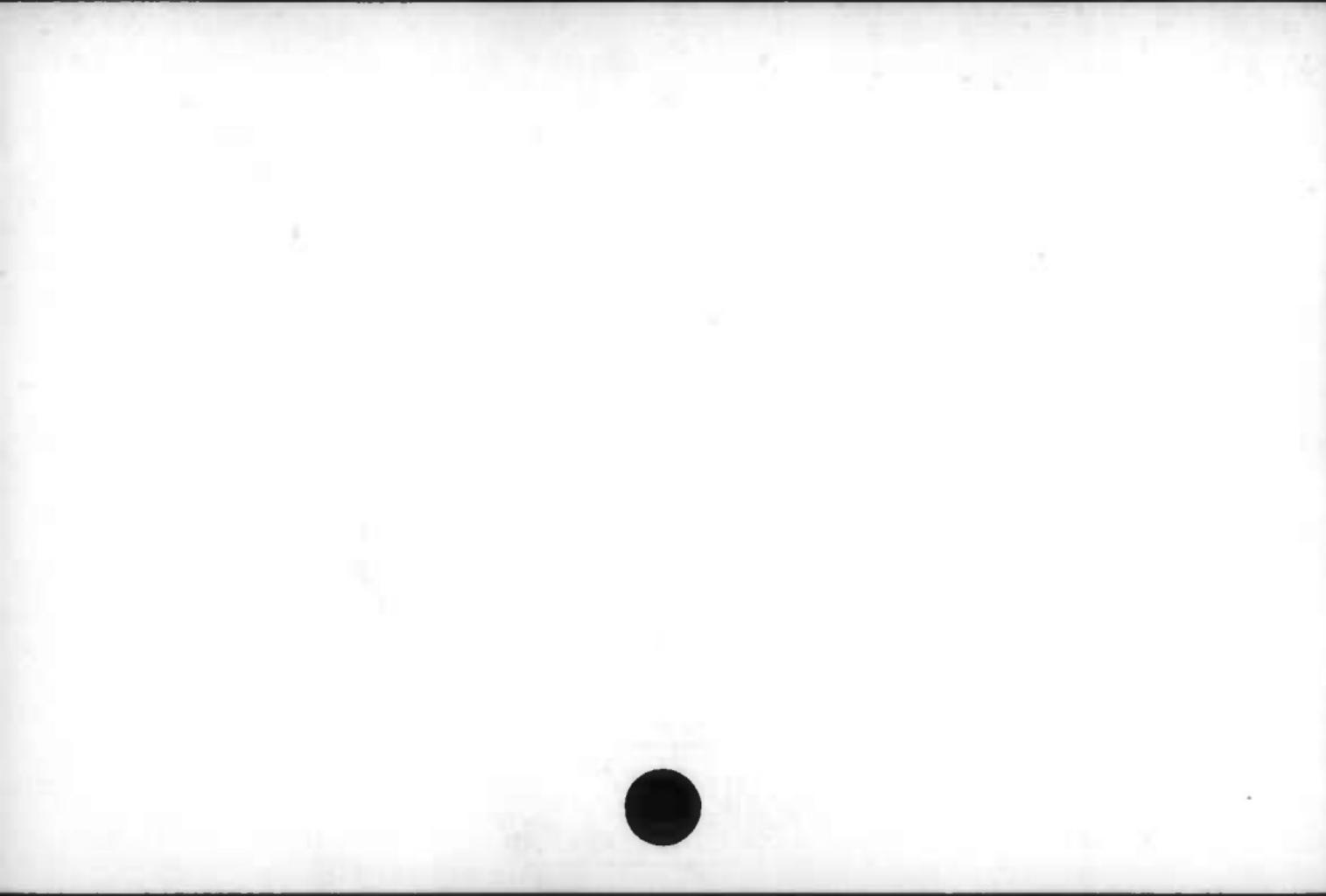
PHYSICIAN
OR CORONER

Immediate Yes How long X months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician J M Murphy
Address Annapolis



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ellen Tausser

CERTIFICATE OF DEATH

MARYLAND

Died at Wells View Ages 42 years

Town Month Day Years Months Days

Date of death 1909 Sep 17 Age 0 Months Days

Sex Female Color or Race White

Occupation Housewife

Birth-place W. V.

Married, Single
or Widowad

Name of Wife or Husband

Father's Name Frank Tausser

Father's Birthplace Europe

Mother's Maiden Name Catharine Kaptar

Mother's Birthplace "

Name of person giving Information

Edward Tausser

How related to deceased Bro.

CAUSES OF DEATH

Primary Marasmus

179

How long months

Immediate Exhaustion

How long days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Ridout
Acmeoptics

Accident or Suicide



Name
in
Full

Carrie Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	McKendree	Anne Arundel	Months	Days
Date of death	Month	Day	Age	0
1909	Sept	1	Years	5
Sax	Color or Race	Blacks	Birth-place	Md.
Female				
Occupation	Where residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Unknown			
Mother's Maiden Name	Viola Taylor	Father's Birthplace	Unknown	
Name of person giving Information	Carolin Clegg	Mother's Birthplace	Md.	Friend
		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis - pneumonia

92

How long

Immediate

2 day

Are the name, age, sex, color, date and place correctly given above?

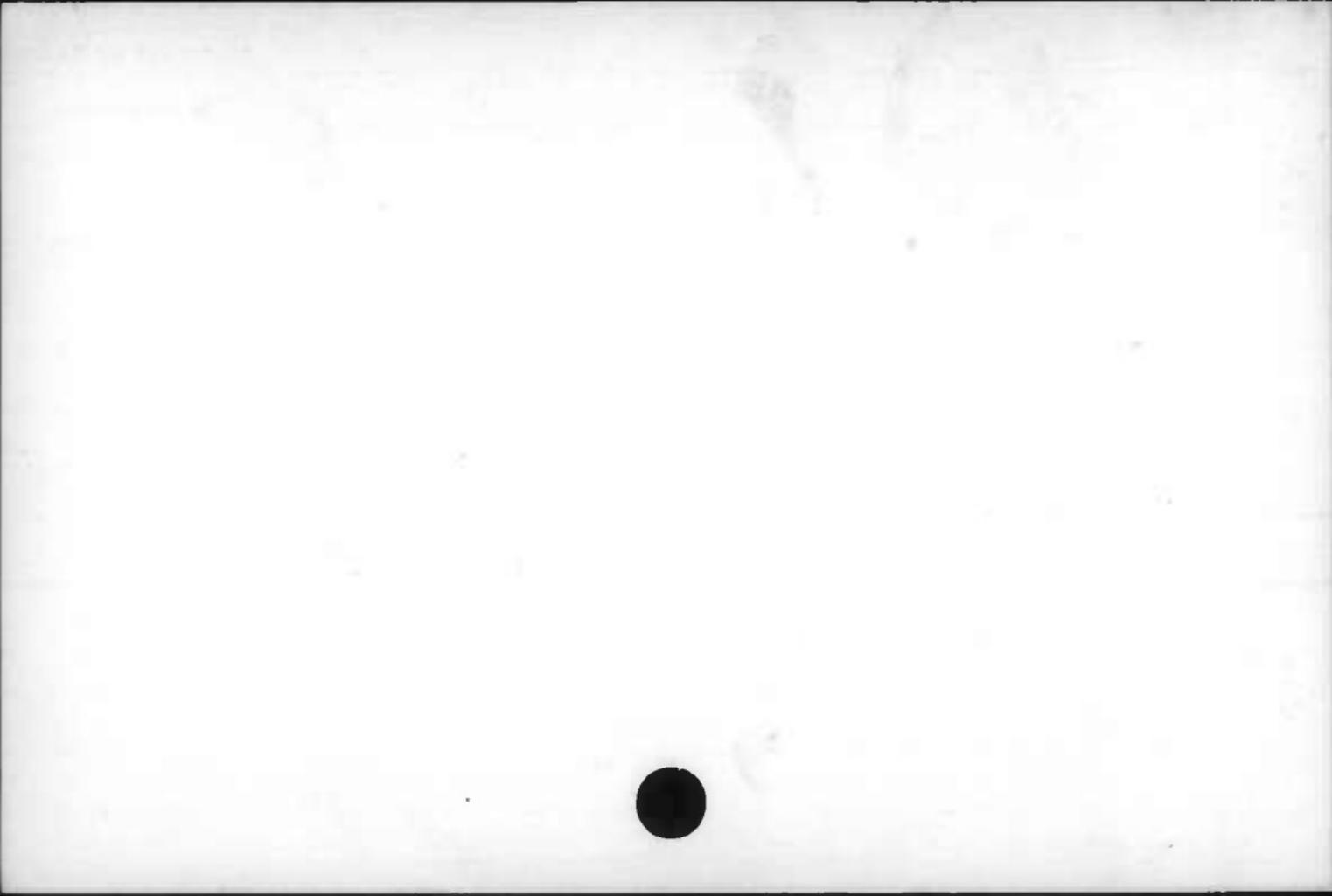
Yes

Signature of Physician

Address

J. H. Deni
McKendree, Md.

Accident or Suicide



Ethel N Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Aldenton	Town	A. a	County	MARYLAND	
Date of death	1909 Sept	Month	27	Day	Years	Months
Sex	Female	Color or Race	White	Age		Days
Occupation	House	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Geo. H. Turner					Father's Birthplace
Mother's Maiden Name	Mary E. Coymann					Mother's Birthplace
Name of person giving information	Geo. H. Turner					How related to deceased
CAUSES OF DEATH						
Primary	Salmonella					How long
Immediate	Exhaustion					—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

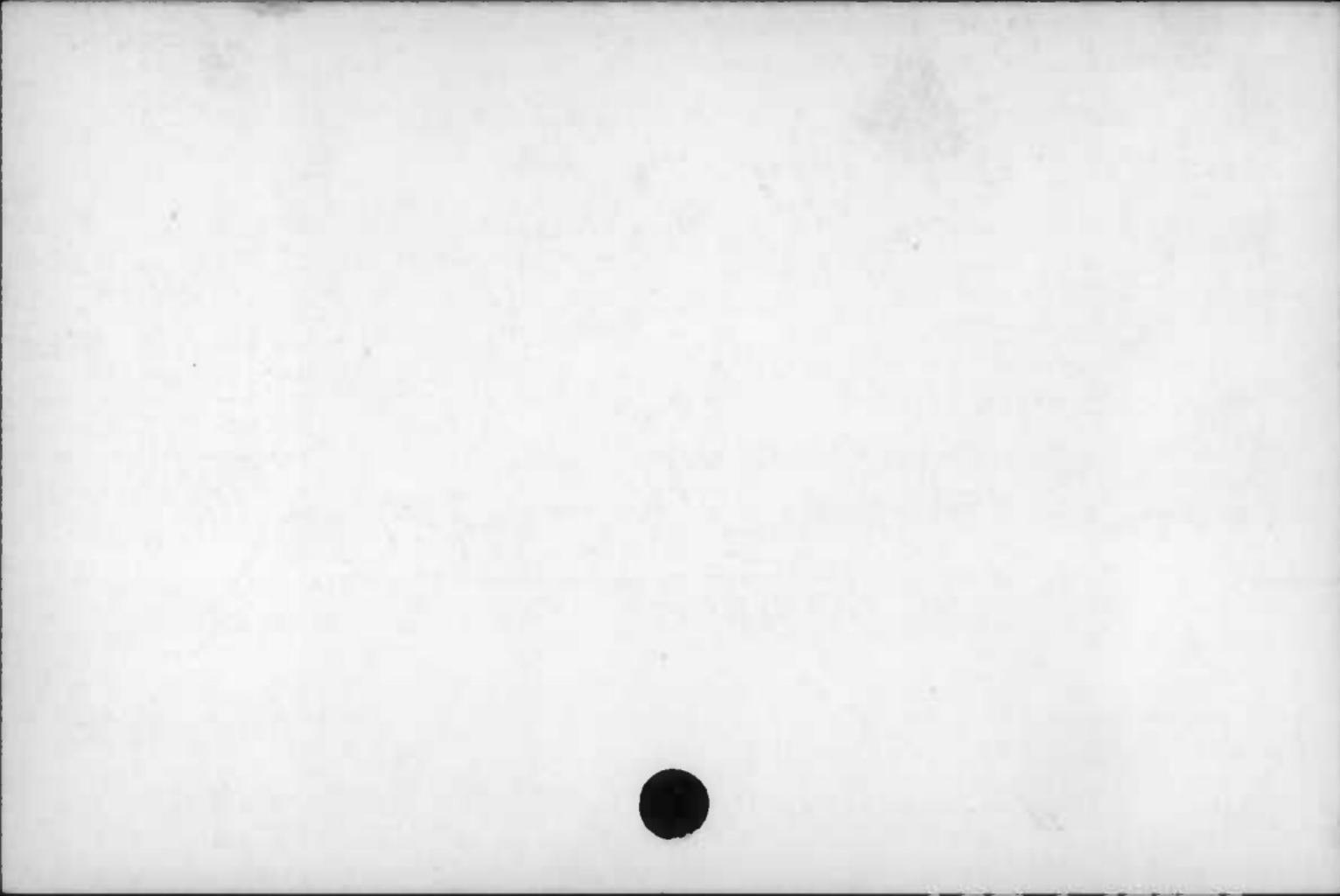
Address

Accident or Suicide?

105

One Month

J.W. Flanit M.D.
Milwaukee Wis.



Name
in
Full

Stifa Volny

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	white	Birthplace	A.T.C., Md		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—				
Father's Name	Antone Volny		Father's Birthplace	Bohemia			
Mother's Maiden Name	Jennie Hyopsky		Mother's Birthplace	Bohemia			
Name of person giving information	Jennie Volny		How related to deceased	Mother			

CAUSES OF DEATH

105

X

one week

X

PHYSICIAN
OR CORONER

Primary

Enter - Colitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

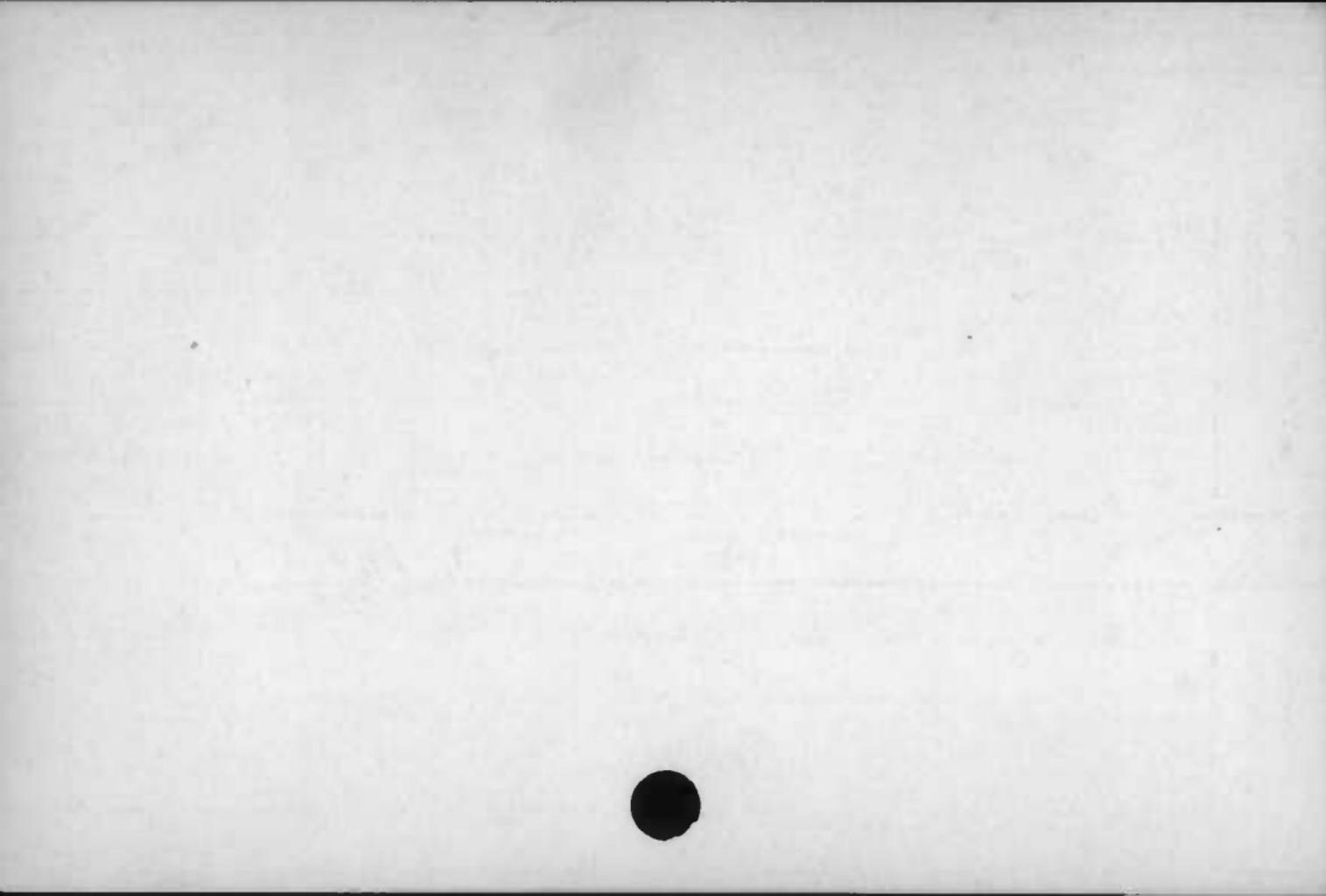
yes

Signature of Physician

Address

The B. Norton
So. Baltz, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Mervin Wagner		County		CERTIFICATE OF DEATH	
Died at	Town	Grosup		Anne Arundel		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	white	Birthplace	Baltimore		
Occupation	Laborer		Where Residing if not at place of death		at home		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	W. J. Pepperm		Father's Birthplace				
Mother's Maiden Name	Unknown		Mother's Birthplace				
Name of person giving Information	Samuel Jones		How related to deceased			not at all	

CAUSES OF DEATH

Primary

Excessive from
Alcohol

56.

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

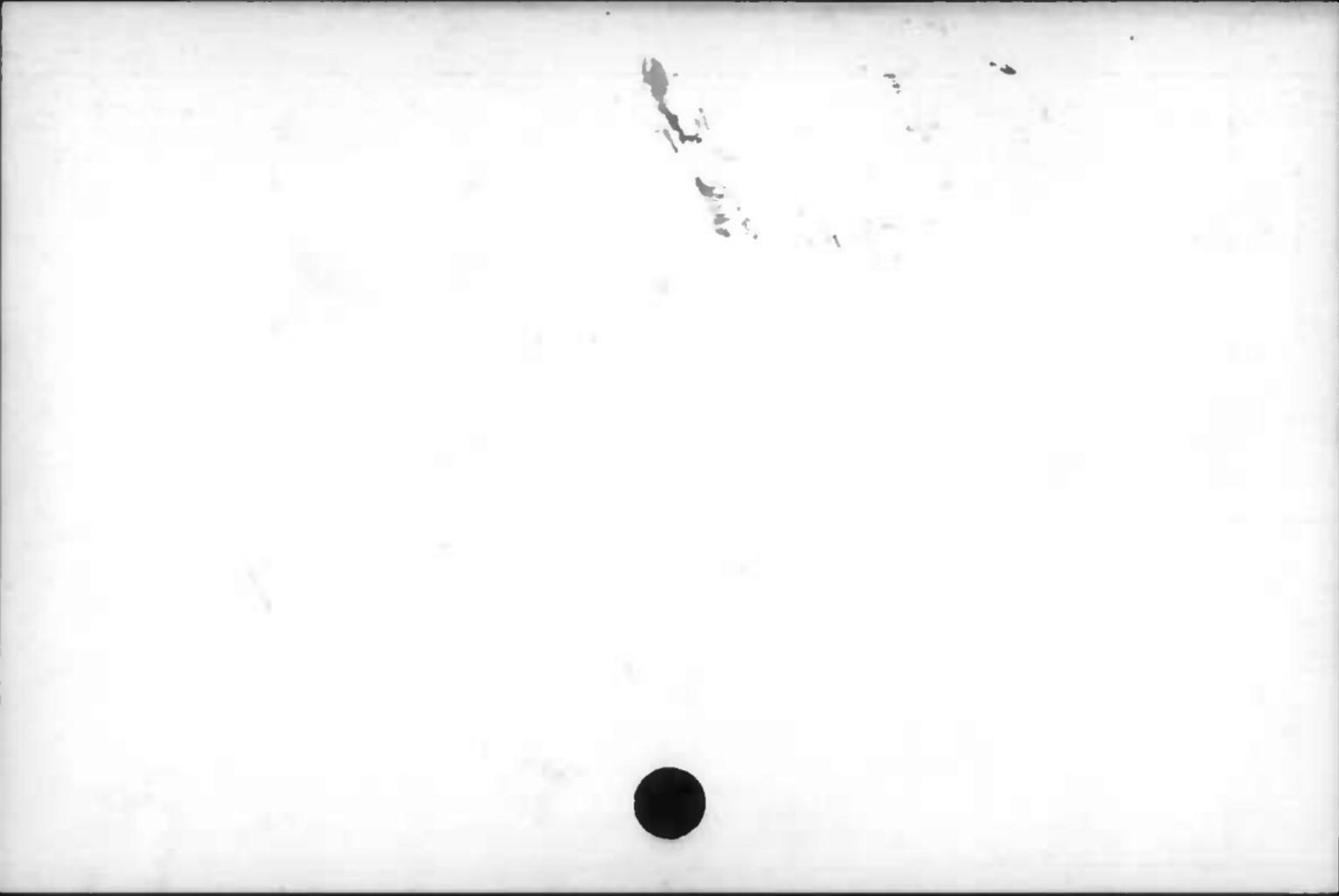
Signature of Physician

Address

Dr. Bixley
Second St

Accident or Suicide

No



Name
in
Full

Martha Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Patuxent

County

a.a. Co

112

MARYLAND

Date
of death 1909

Month

Sept

Day

17

Years

16

Months

2 5

Days

Sex

female

Color or
Race

colored
Negro

Birth-
place

a.a. Co MD

Occupation

Housework

Where Residing if not
at place of death

Patuxent a.a. Co MD

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Benjamin Wallace

Father's
Birthplace

a.a. Co MD

Mother's
Maiden Name

Kaley Bradford

Mother's
Birthplace

a.a. Co MD

Name of person giving
Information

Nathan Shortel

How related
to deceased

No

CAUSES OF DEATH

Primary

Tuberculosis

How long

Sept 1 until

Immediate

Haemorrhage

How long

Sept 18 1909

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr G.W. Leonard
708 Euson St

Balto MD

Accident or Suicide

18

Name
in
Full

(Baby) Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Sep	10	-	-	13
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	W ^s W. Ward	Father's Birthplace	Md		
Mother's Maiden Name	Annie O. Tull	Mother's Birthplace	Md		
Name of person giving Information	W ^s W. Ward	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Convulsions				
Immediate					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	71		
		Address	How long 1 day		

PHYSICIAN
OR CORONER

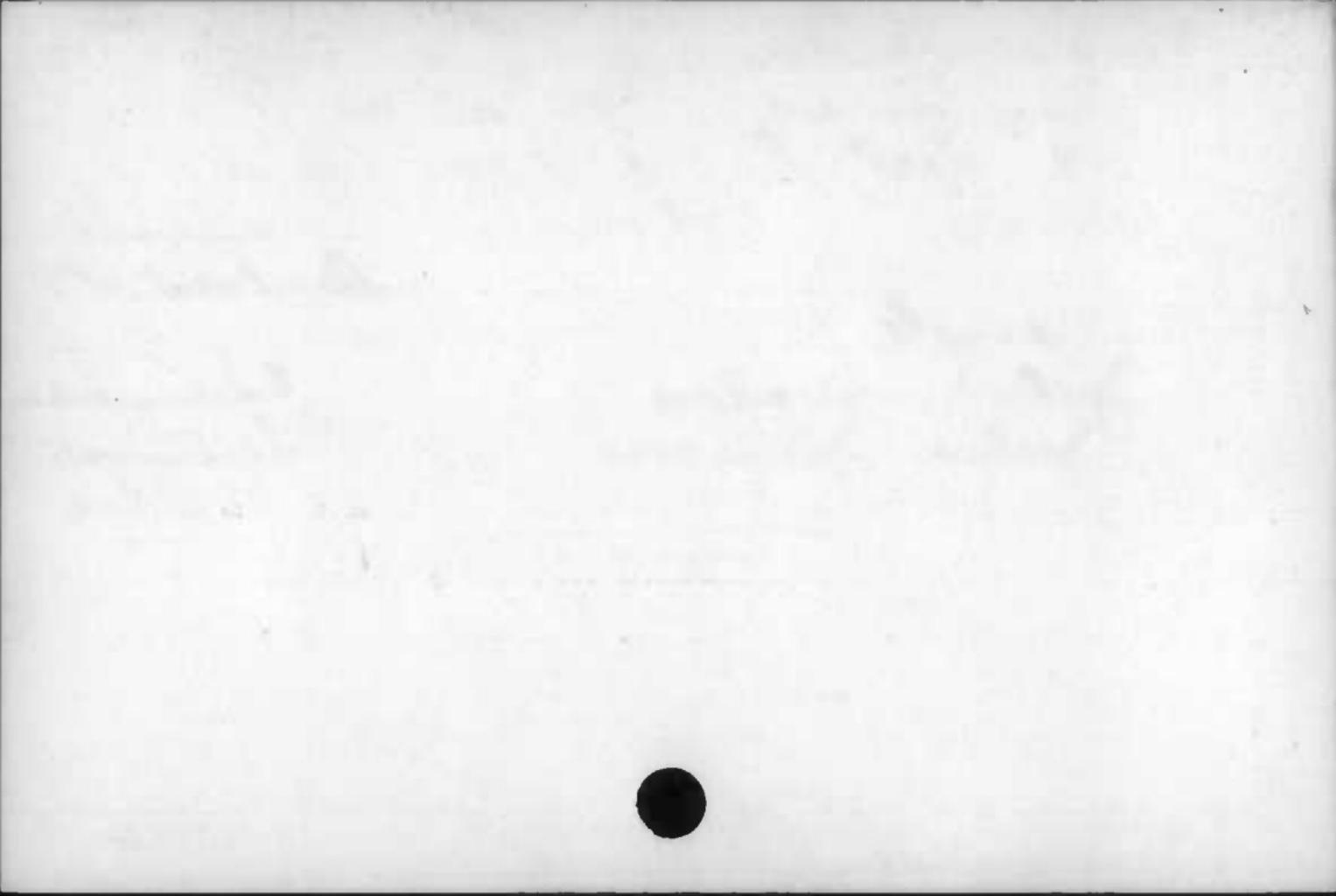
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. F. Brooke
Brooklyn

Accident or Suicide?



Name
in
Full

Sadia Bates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND		
Died at annapolis md	a - a . cd	Years	Months	Days		
Date of death 1909	Month Sept	Day 1	Age 1 yr	6 mo		
Sex female	Color or Race Colored	Birth-place annapolis md				
Occupation	Where Residing If not at place of death Calvert st					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name John Bates	Father's Birthplace Easton MD					
Mother's Maiden Name Julia Johnson	Mother's Birthplace Southwicks MD					
Name of person giving Information John Bates Johnson	How related to deceased mother					
CAUSES OF DEATH						
Primary Narasimus	How long Since Birth					
Immediate Exhaustion	How long Gradual					

179 X

Are the name, age, sex, color, date and place correctly given above?

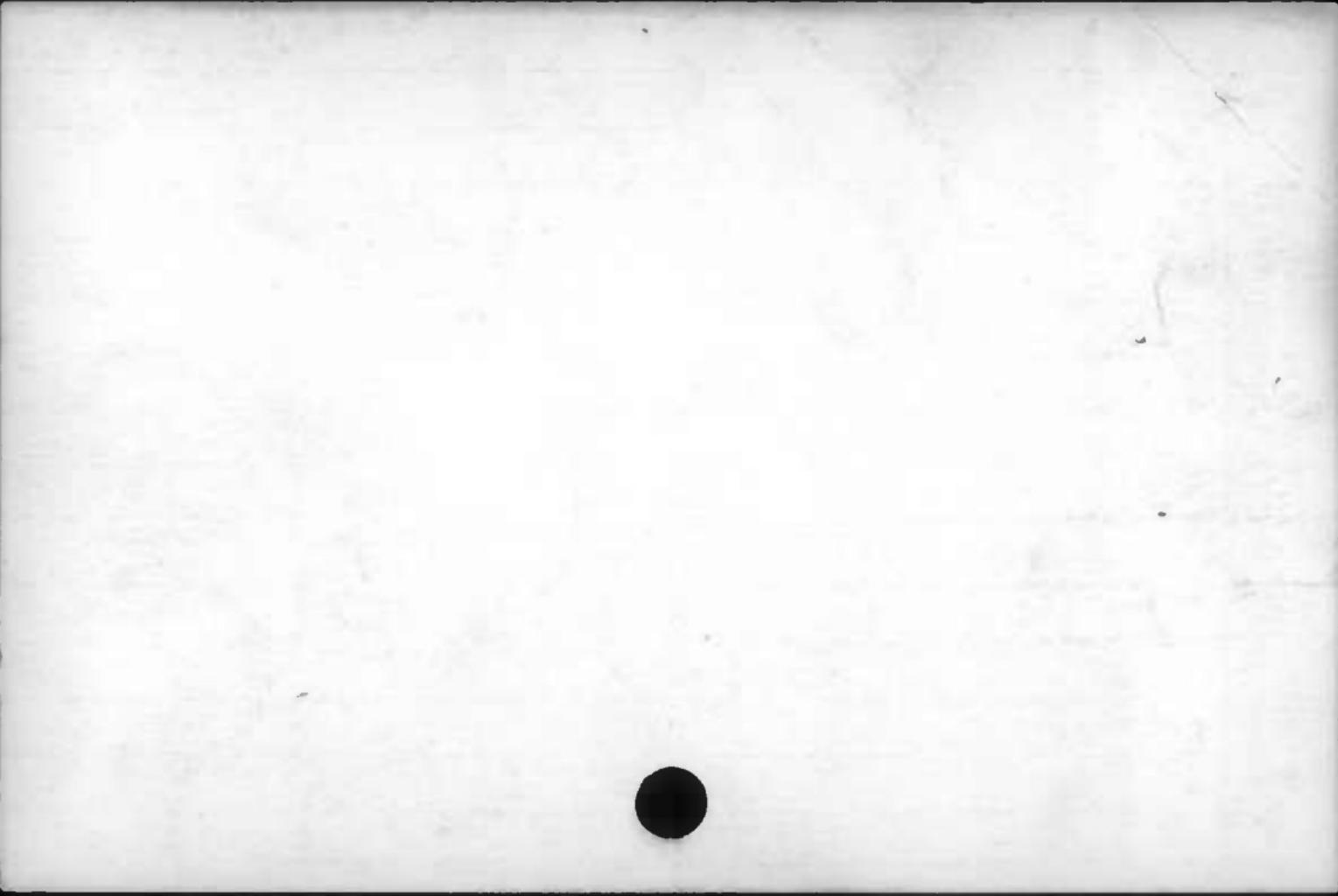
Signature of Physician

Address

yes

Accident or Suicide

John Ridout
Annapolis
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

alveta L. White

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at annapolis md a. a. co

Date of death 1909 Month Sept Day 5 Age 1 yr Months 8 no Days

Sex female Color or Race colored Birth-place annapolis md
Occupation _____ Where Residing if not at place of death 18 clay st

Married, Single
or Widowed

single

Name of Wife or Husband

Father's Name

George White

Father's Birthplace

annapolis md

Mother's Maiden Name

Lillian Gaines

Mother's Birthplace

annapolis md

Name of person giving Information

Lillian White

How related to deceased

mother

CAUSES OF DEATH

Primary

Marasmus

Immediate

Sothenia

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

Ambrose Garcia M.D.

34 Second St

Accident or Suicide

179

How long

Months
immediate

Dr. Koen

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jeremiah Wood
Town East Port County of Ct
Died at Month Day Years
Date of death 1909 Sept 26 Age 44
Sex Male Color or Race White
Occupation Carpenter Where Residing if not
at place of death
Married, Single Name of Wife or Husband
or Widowed Single None
Father's Name William Wood
Mother's Maiden Name Unknown
Name of person giving Information Maurice Meade

CERTIFICATE OF DEATH

MARYLAND

Montha Days

Birth-place Calvert Co Md

Father's Birthplace Calvert Co Md
Mother's Birthplace Unknown
How related to deceased Friend

27

How long

2 yrs.

How long

Signature of
Physician

Address

D Murphy,
Annapolis

Primary

Tuberculosis

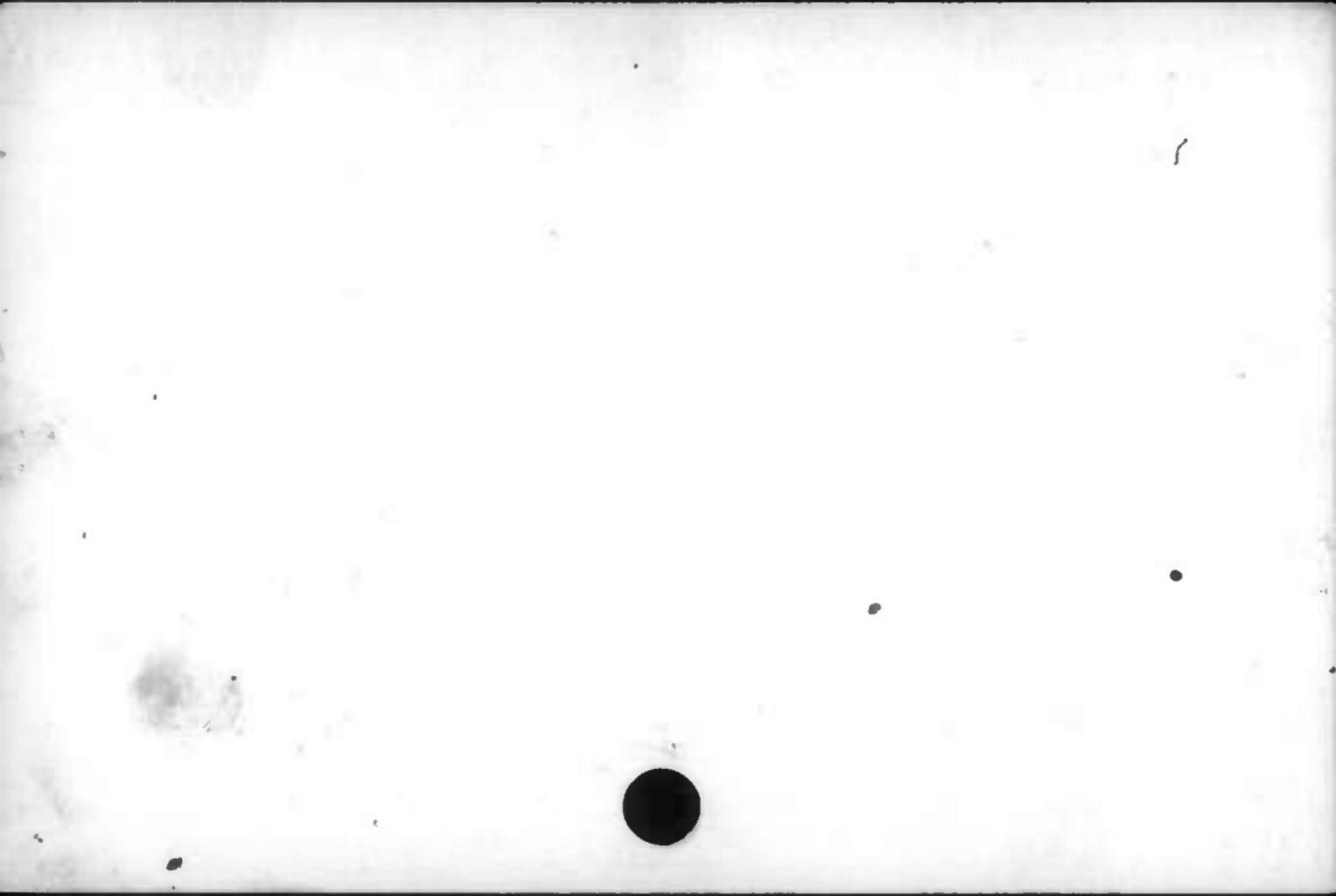
Immediate

Fracture

Are the name, age, sex, color, date
and place correctly given above?

Yes

Accident or Suicide



Name
in
Full

Eliza Woollen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Friendship Town A. County Q.
Date of death 1909 Month Sept Day 4 Years 68
Sex Female Color or Race colored
Occupation Domestic Birth-place Md
Married, Single or Widowed Widow Name of Wife or Husband Edward Woollen
Father's Name Philip Jackson Father's Birthplace Md
Mother's Maiden Name Markham Mother's Birthplace A. L. C. Md
Name of person giving Information Carter Maynard How related to deceased Friend

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

Immediate

Heart Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L Brayshaw
Friendship
Md

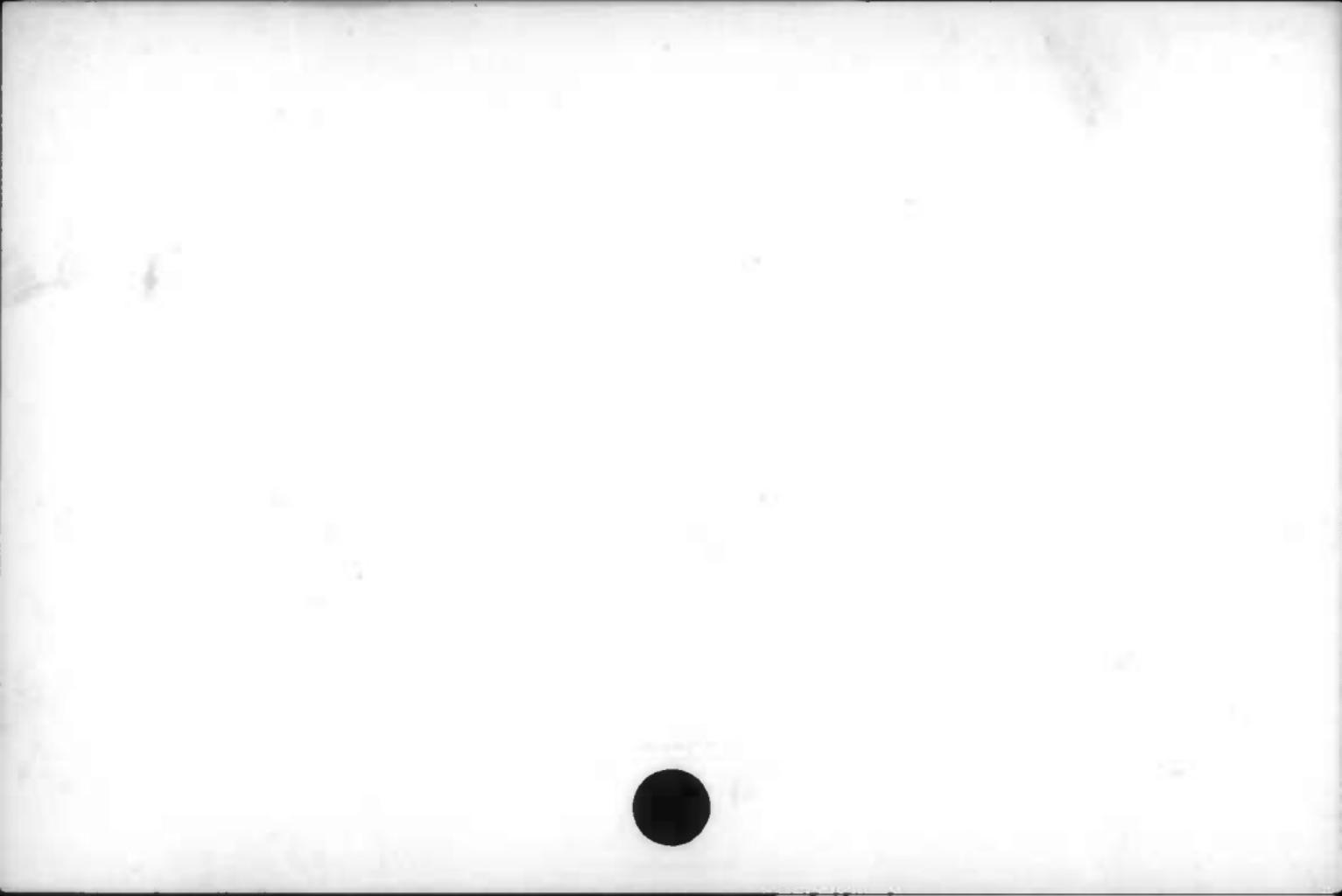
Accident or Suicide

64

How long

Five hours

How long



Name
in
Full

Mary E. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at 3 Stree Town A.D. County

MARYLAND

Month

Days

Date Died at 3 Stree Month Day

Years

of death 1909 Sept 14 Age 23

Sex

Female

Color or
Race

Colored

Birth-
place

A.A.C. Md.

Occupation

Home Servant

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Alexander Wright

Father's
Birthplace

Mother's
Maiden Name

Lorraine Walker

Mother's
Birthplace

Name of person giving
Information

S.R. Collier

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis (lungs)

29

How long

X

2 years

Immediate

Inflammation

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

S.S. Redout
Baltimore Md.
d. 2 S. 9th St.

